

For pain of longer duration

Depronal-SA

SUSTAINED ACTION DEXTROPROPOXYPHENE HCl

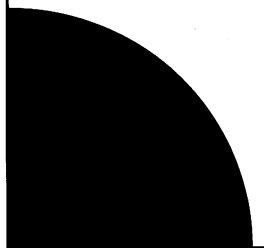
Contains an analgesic
you know and
prescribe often.

—now in a unique
sustained release mechanism

Pain-free days and restful nights for patients with arthritic disorders, post-operatively, post-partum, in dysmenorrhea, sciatica, traumatic injuries or strains and sprains.

Membrane controls ingredient release

Each pellet in a Depronal-SA capsule has a unique dialyzing membrane which controls the diffusion of active ingredient *regardless of gastric pH or enzyme activity*. Smooth and continuous drug release can be demonstrated over an 8-hour period.



Dosage: One capsule every 8 to 12 hours as required. Maximum of 3 capsules per day. Not recommended for children. **NOTE:** When anti-inflammatory and anti-pyretic effects are desired, salicylates may be administered concomitantly with Depronal-SA.

Composition: Each capsule contains 150 mg. dextropropoxyphene hydrochloride (propoxyphene HCl) formulated to be released over a period of 8 hours.

Side Effects: No serious side effects have been reported at therapeutic doses. Side effects which are seen infrequently include drowsiness, dizziness, nausea, vomiting, constipation, euphoria, excitement and insomnia. Itching and skin rashes have been observed occasionally.

Contraindications: Contraindicated in those individuals sensitive to dextropropoxyphene. Not recommended for use with orphenadrine-containing compounds.

Supplied: Bottles of 50 and 250 capsules. Product monograph available on request.

Depronal-SA

SUSTAINED ACTION DEXTROPROPOXYPHENE HCl



WARNER-CHILCOTT LABORATORIES CO. LIMITED
Toronto, Canada



Education and the Family Physician

The Theme For

The 15th Annual Scientific Assembly

The College of Family Physicians of Canada

At The

Banff Springs Hotel

Banff, Alberta

September 13 to 16, 1971



[®] **Solium* Horner**

CHLORDIAZEPOXIDE HCl

A quality tranquilizer at a price
your patients can better afford.

* Registered trade mark in Canada of FRANK W. HORNER LIMITED, MONTREAL

^R Solium^{*} Horner

Chlordiazepoxide capsules B.P.

COMPOSITION Each blue and white capsule contains: Chlordiazepoxide hydrochloride 5 mg.
Each blue and ivory capsule contains: Chlordiazepoxide hydrochloride . . . 10 mg.
Each blue capsule contains: Chlordiazepoxide hydrochloride . . . 25 mg.

INDICATIONS SOLIUM is indicated in patients exhibiting symptoms of anxiety, tension and agitated depression. It is also indicated for the relief of muscle spasm disorders resulting from emotional tension. In chronic alcoholism, SOLIUM may be effective in the treatment of withdrawal symptoms such as delirium tremens. SOLIUM may also reduce anxiety associated with psychosis, but it is not a specific for the management of psychosis.

FEATURES SOLIUM is useful for the symptomatic relief of anxiety and tension associated with certain psychoneurotic disorders. A number of properties contribute to the effectiveness of SOLIUM, including mild sedation, muscle relaxation and anti-convulsant activity.

CONTRAINDICATIONS Known hypersensitivity

CAUTIONS SOLIUM should be used cautiously, particularly in elderly or debilitated patients when the minimum effective dose must be employed. As drowsiness and the occasional instance of ataxia has occurred, patients receiving this drug should be warned to avoid activities requiring mental alertness and physical coordination. Concomitant use of SOLIUM and alcohol should be avoided as the effects may be additive. The action of SOLIUM is potentiated by phenothiazines, monoamine oxidase inhibitors and other psychotropic agents. Dependence on SOLIUM is possible with convulsions occurring when the drug is withdrawn rapidly after long periods of high dosage. Safety in pregnant women is not established and its use should be avoided during the first trimester.

SIDE EFFECTS Drowsiness, lethargy and ataxia are the most frequently reported side effects. Administration of high doses has produced syncope. Other adverse effects reported include nausea, constipation, skin rashes, changes in libido, jaundice, leucopenia and rare cases of agranulocytosis.

DOSAGE Individual adjustment of dose is important, with the minimum effective dose being used.

Adults: usually 15 to 40 mg. daily in divided doses. In severe cases 25 mg. t.i.d. or q.i.d. may be given.

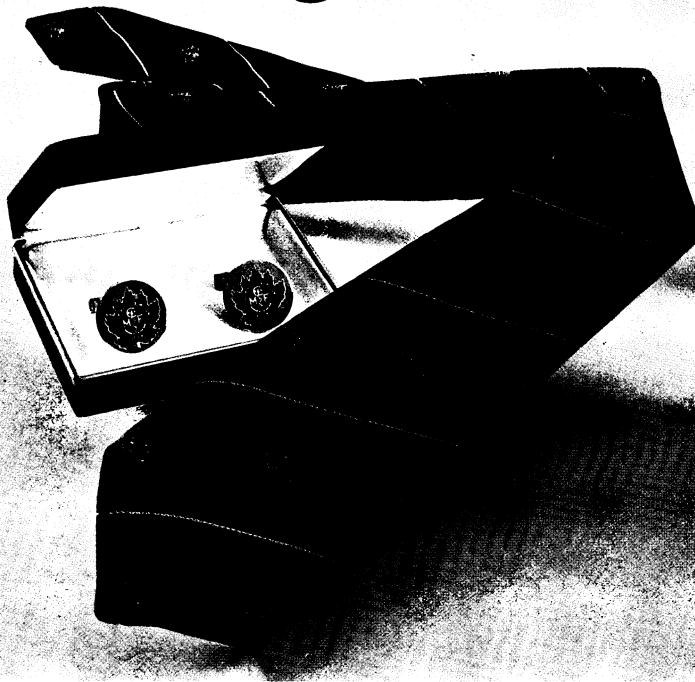
Geriatrics: usually 10 to 20 mg. daily in divided doses.

Children: initiate therapy with 5 to 10 mg. daily in divided doses, increasing if necessary to 30 mg. daily.

SUPPLY 5, 10 and 25 mg. capsules in bottles of 50 and 500.

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personal use
or gift*



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The College of Family Physicians of Canada has available attractive cufflinks and ties featuring the new College crest embossed in gold on a blue background. Excellent quality and distinctive styling make these cufflinks and ties ideal for personal use—or as a gift idea for friends or formal presentation.

**Priced at \$13.00 per set: or
Cufflinks \$7.50 and Ties \$5.50**

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Cold Stress

Severely stressful conditions can greatly increase the body's requirements for ascorbic acid, and supplementary intake has been recommended — especially during exposure to cold stress.¹

Requirements for B series vitamins may also be increased substantially, since these requirements are related to calorie turnover. A man performing even moderately heavy labor in a cold climate may expend 4,000 to 5,000 or more calories a day.² Suboptimal intake of thiamine, however, is probably fairly common in average diets.³

Within recent years physicians have become increasingly aware of the possibility that mild thiamine deficiency may be fairly prevalent.⁴

When cold stress precipitates a deficiency of water-soluble vitamins, consider the potential benefits of Surbex*-500.

*

Therapeutic B Complex with 500 mg. of C

References:

1. Conn, H. F., ed., Current Therapy 1969, W. B. Saunders Co., Philadelphia, 1969, pg. 405.
2. Pollack, H., and S. L. Halpern, Therapeutic Nutrition, NAS-NRC Publication 234, 1952, pg. 7.
3. Drill, V. A., ed., Pharmacology in Medicine, 2nd ed., McGraw-Hill Book Co., N.Y., 1958, pg. 886.
4. Goodman, L. S., and A. Gilman, The Pharmacological Basis of Therapeutics, 3rd ed., The Macmillan Co., N.Y., 1965, pg. 1655.

*RD. T.M.



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"Proved effectiveness, low cost, and a wide margin of safety continue to make penicillin G the antibiotic of choice for infections due to pneumococci, Group A beta-hemolytic streptococci, non-penicillinase-producing staphylococci, meningococci, and gonococci."¹

MEGACILLIN offers a useful extra advantage — a rich fruit flavour that makes it easy to take.

[®] Megacillin[®] (penicillin G)

Available as MEGACILLIN 500 (500,000 I.U. benzathine penicillin G per 5 ml. teaspoonful) or MEGACILLIN 250 (250,000 I.U. per 5 ml.); bottles of 60 and 100 ml.

CAUTION: Oral penicillin, rarely, may cause acute anaphylaxis.

Full information on request.

1. G. H. McCracken Jr., H. F. Eichenwald and J. D. Nelson: Antimicrobial therapy. *J. Pediat.* 75: 5:742-757 (Nov.) 1969.

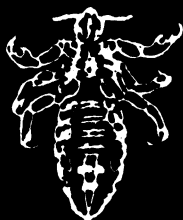
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LICE & SCABIES ON CONTACT

Pesky ectoparasitic infestation is no respecter of persons. You're likely to come across one or the other of the unpleasant little fellows more frequently, whether your practice is private or institutional.

When it comes to treatment, just pick up any textbook of dermatology, parasitology or pharmacology. Chances are good you'll find the therapy specified for such infestations is Kwellada. (Kwell in the U.S.)

Kwellada is the formulation which is recognized as effective in cases where other preparations have failed. With the active pediculocide, gamma isomer of hexachlorocyclohexane, this remedy efficiently eradicates the parasitical cause, usually with one application. Applied directly it does not irritate the skin or cause other unpleasant side effects.

If you haven't seen scabies or pediculosis for some time, we can offer a refresher course . . . a booklet on the Biology, Epidemiology, Diagnosis and Treatment of Ectoparasitic Mite and Lice Infestations. It has drawings of all the common parasites plus other practical information to help you identify the various types. We will be pleased to send you a copy on request.

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SHAMPOO
CREAM
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FOR ALL FORMS OF PEDICULOSIS



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You'd like to
give her penicillin
because
it's bactericidal
but you want
broad-spectrum
effectiveness, too.

When you prescribe Polycillin you get both broad-spectrum effectiveness and bactericidal effectiveness along with the classic safety of penicillin.

- eradicates *H. influenzae*—frequent cause of otitis media
- destroys beta-hemolytic streptococci — pharyngitis/tonsillitis pathogens
- kills pneumococci—major sinusitis, otitis media and lower respiratory pathogens
- pleasant tasting suspension accepted by the fussiest patient
- new 100 ml. size gives full 5 day course of therapy at lower per day cost

PRESCRIBING INFORMATION — Product Monograph available on request.

Indications: Infections due to susceptible strains of Gram-negative bacteria including *Shigellae*, *S. typhosa* and other *Salmonellae*, *E. coli*, *H. influenzae*, and *P. mirabilis* and Gram-positive bacteria such as streptococci, pneumococci and nonpenicillinase-producing staphylococci.

Contraindications: A history of allergic reactions to penicillins or cephalosporins.

Precautions: Typical penicillin-allergic reactions may occur, especially in hypersensitive patients. Mycotic or bacterial superinfections may occur.

Adverse Reactions: Skin rash, pruritus, urticaria, nausea, vomiting, diarrhea and anaphylactic reactions.

Usual Dosage: Adults—250-500 mg. q. 6 h. (according to infection site and offending organisms). Children—25-50 mg./Kg./day in 3 to 4 divided doses.

Supplied: Capsules—250 mg. in bottles of 24 and 100. 500 mg. in bottles of 24. For Oral Suspension—125 mg./5 ml. and 250 mg./5 ml. in bottles of 60 ml. and 100 ml.

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—AUTHORIZED USER

Polycillin^{*}
(ampicillin trihydrate)

WILL PHARMACEUTICALS
Cadiac, P.Q.



Lasix[®] relieves hypertension

safely

In the treatment of mild to moderate hypertension, safety is of prime consideration. Most hypertensive patients have some degree of impaired renal function.¹ The thiazides further aggravate renal impairment by reducing renal blood flow and glomerular filtration rate.² In contrast to the thiazides, Lasix lowers renal vascular resistance, thus improving rather than impairing renal function.³ And Lasix assures a significantly better electrolyte balance and consistently less potassium loss than the thiazides.⁴ Because of these specific advantages, of particular importance in long-term therapy, Lasix is the diuretic of choice in hypertension.

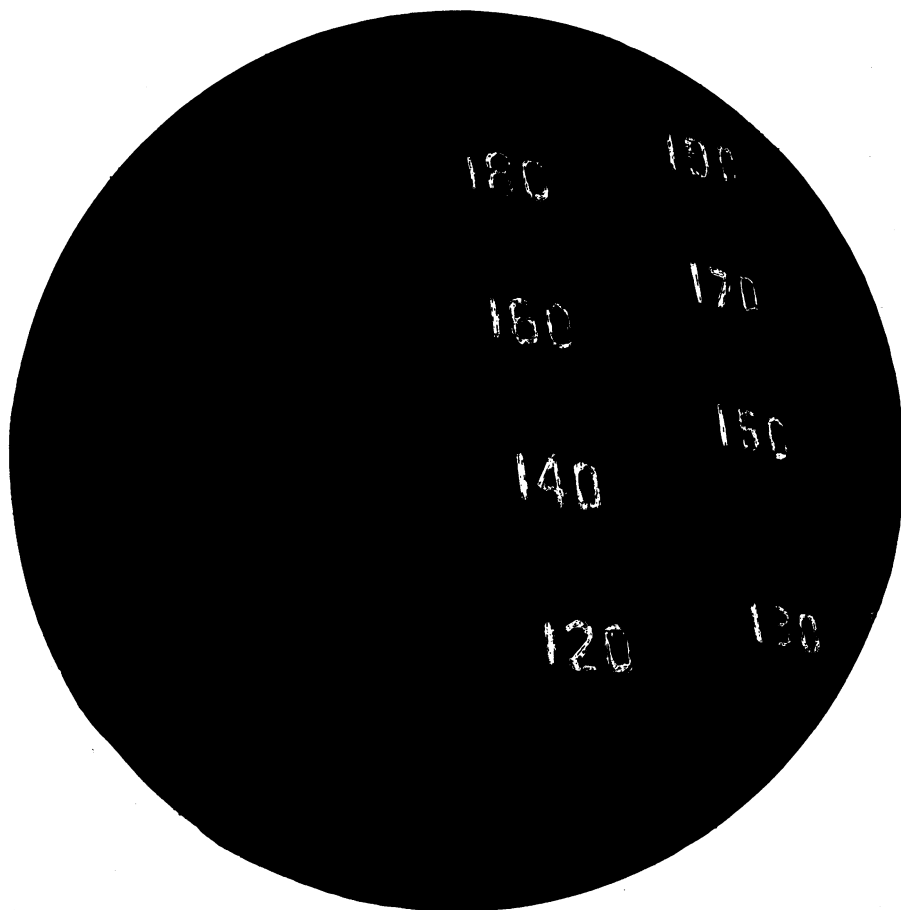
effectively

In the treatment of mild to moderate hypertension, clinical evidence has established that Lasix is clearly as effective as the thiazides. But unlike the thiazides, Lasix is effective even in patients with impaired renal function.⁵ In severe hypertension, Lasix is effective when used in combination with other antihypertensive agents. The continuing efficacy and safety of Lasix in lowering blood pressure make it the diuretic of choice for initial and maintenance therapy in hypertension.

predictably

In the treatment of mild to moderate hypertension, Lasix demonstrates a predictable, sustained antihypertensive action. The blood pressure-lowering effect of Lasix lasts up to 24 hours,⁶ thus providing smooth, continuous control of hypertension, even in prolonged administration. And predictable response also provides an easy-to-manage, easy-to-follow regimen. Lasix assures reliable, continuing efficacy in the long-term management of hypertension.

(1) Moyer, J. H., Heider, C., Pevey, K. and Ford, R. V.: *Am. J. Med.*, 24:164, 1958. (2) Kirkendall, W. M. and Wilson, C. B.: *Med. Clin. of N. A.*, 52:1157, 1958. (3) Hook, J. B., Blatt, A. H., Brody, M. J. and Williamson, H. E.: *Clin. Res.*, 13: 424, 1965. (4) Mahabir, M. and Laufer, S. T.: *Arch. Intern. Med.*, 124: 1, 1969. (5) Joynt, M.S.K. and Morrin, P.A.F.: *C.M.A.J.*, 99: 1258, 1968. (6) Atkins, L.L.: *Geriatrics*, 27: 143, 1966.



**Lasix, the antihypertensive
to begin with . . . and stay with**



Back at play but still on penicillin therapy...



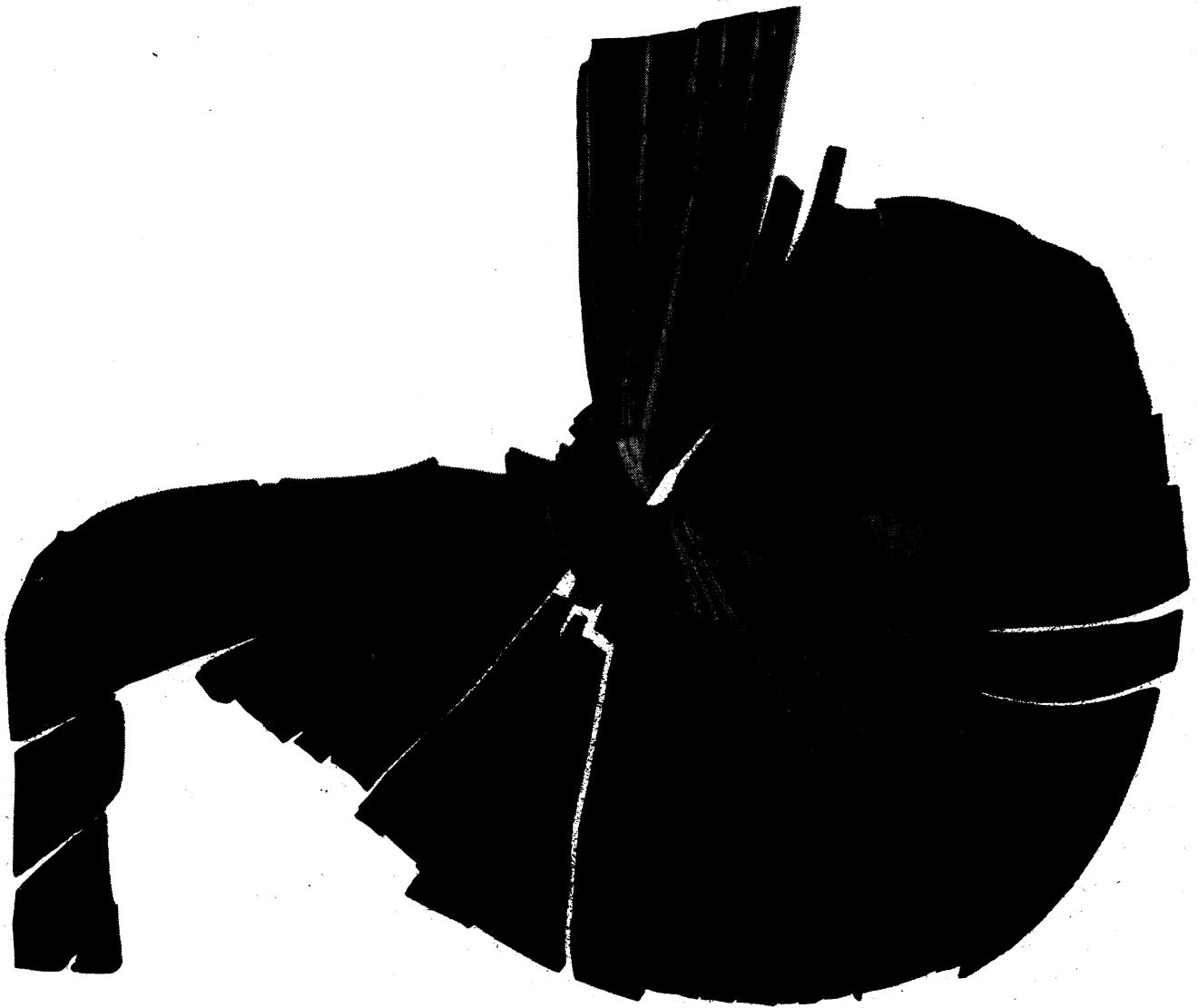
...and it's almost as if you were there to give an injection

Dependable oral penicillin therapy
^{Pr} **V-Cillin K, Pediatric**
Potassium Phenoxyethyl Penicillin

Indications: V-Cillin K, Pediatric, is an antibiotic useful in the treatment of infections caused by streptococci, pneumococci and sensitive strains of staphylococci.
Contraindications and precautions: Although sensitivity reactions are much less common after oral than after parenteral administration, V-Cillin K, Pediatric, should not be administered to patients with a history of allergy to penicillin. As with any antibiotic, observation for overgrowth of nonsusceptible organisms during treatment is important.
Usual Dosage Range: 125 mg. (200,000 units) three times a day to 250 mg. (400,000 units) every four hours. For infants, 50 mg. per Kg. of body weight per day, divided into three doses.
Supplied: V-Cillin K, Pediatric, for Oral Solution, 125 mg. (200,000 units) per 5 cc. of solution (approximately one teaspoonful). In 60, 100 and 150 cc.-size packages. Pedipac V-Cillin K, 125 mg. (200,000 units) in packages of 12 and 100.
Additional information available to physicians on request.

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Anxiety and the ulcer— ingredients of spasm

Librax Roche Rx Summary: Composition: Each 'Librax' capsule contains chlordiazepoxide HCl 5 mg and clidinium Br 2.5 mg.

Indications: Control of hypersecretion, hypermotility and emotional factors associated with gastrointestinal disorders such as peptic ulcer, gastritis, nervous dyspepsia, cardio-spasm and pylorospasm, biliary dyskinesia, irritable or spastic colon.

Precautions: Abstinence from alcohol during treatment. Until dosage is established, caution whenever mental alertness or physical co-ordination is required. Periodic blood counts and liver function tests advisable in long-term use.

Contraindications: Glaucoma. Caution in prostatic hypertrophy.

Dosage: Average dose in adults: 1 or 2 capsules 3 or 4 times daily before meals and at bedtime. **Supply:** Capsules: 100, 500, 1000 @Reg. Trade Mark Detailed information on request

First causative, then perpetuating. Such is often the role of anxiety in ulcer cases.

First the relief of pain and spasm, then the selective inhibition of anxiety. Such is the action of Librax® on the somatic and the emotional symptoms of ulcer.

Librax Roche

takes the mind off the stomach
and the stomach off the mind



Hoffmann-La Roche Limited, Montreal

Going to the 15th Annual Scientific Assembly at Banff?

ENJOY CP AIR EXECUTIVE JET SERVICE TORONTO • CALGARY

Block economy seating is being held for the convenience of the members of the College of Family Physicians of Canada on a CP AIR Executive Jet from Toronto to Calgary, on the following dates:

THURSDAY, SEPTEMBER 9

SATURDAY, SEPTEMBER 11

SUNDAY, SEPTEMBER 12

Return flight reservations are open and arrangements can be made for flights to destinations beyond Banff, including Vancouver, San Francisco, Hawaii, Mexico, the South Pacific and the Orient.



CLIP OUT COUPON AND MAIL FOR FLIGHTS RESERVATIONS

CP Air,
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Date

I will be attending the 15th Annual Scientific Assembly at the Banff Springs Hotel on September 13-16, 1971.

Please confirm by phone, my flight reservations as follows.

Name(s)

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From to Banff on (date)

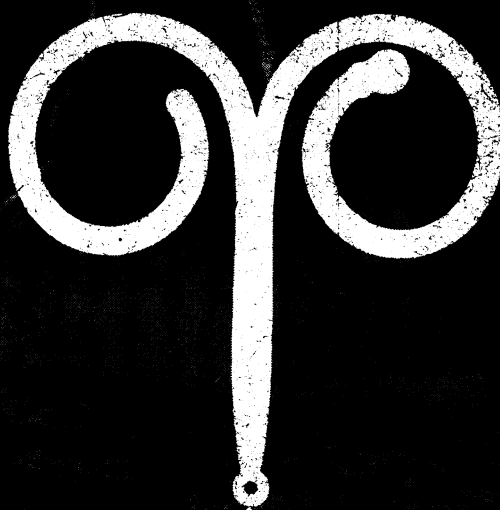
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In conception control, Saf-T-Coil has demonstrated a record of effectiveness not surpassed by other methods, including intrauterine or hormonal. Current clinical studies, based on many hundreds of carefully documented cases, show Saf-T-Coil to be 99.5% effective in preventing pregnancy.^{1,2}

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Caution: Federal law restricts sale by or on the order of a physician. Should not be used in pregnancy or suspicion of pregnancy, suspicion of carcinoma, acute cervicitis, acute or subacute adnexal disease, fibroids with distortion of uterine cavity, particularly submucous fibroids, menorrhagia or unexplained bleeding.

1. Vaughn, B.J., and Dominguez, H.: Experience With Double-Coil Intrauterine Contraceptive Device. *Postgrad. Med.*, 47:179-183 Feb., 1970. 2. Hayes, O.J.: Clinical Evaluation of the Double-Loop in 200 Private Patients. Southern Gynecological and Obstetrical Society Meeting, reported in *OB. GYN. NEWS*, 1:2, Jan., 1970.

the intrauterine device in the preassembled sterile package

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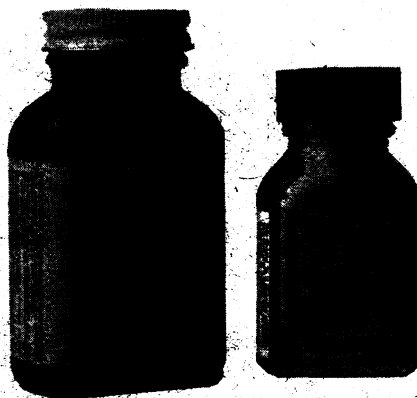


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enemy of sleep**



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Supply: Bottles of 100 and 500.
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With a recently announced price reduction, HYLENTA-10 is more economical than ever. But that's not the only angle from which to look at HYLENTA-10. With one million units per tablet, HYLENTA-10 is double the usual potency. This permits a convenient dosage of "two-tablets-a-day". A 12-tablet Rx will last the patient six days! And thanks to its acid-resistant coating that protects the tablet against destructive stomach acids, HYLENTA-10 achieves higher blood levels than unprotected penicillin G tablets. No wonder Ayerst's HYLENTA is Canada's best known penicillin G!

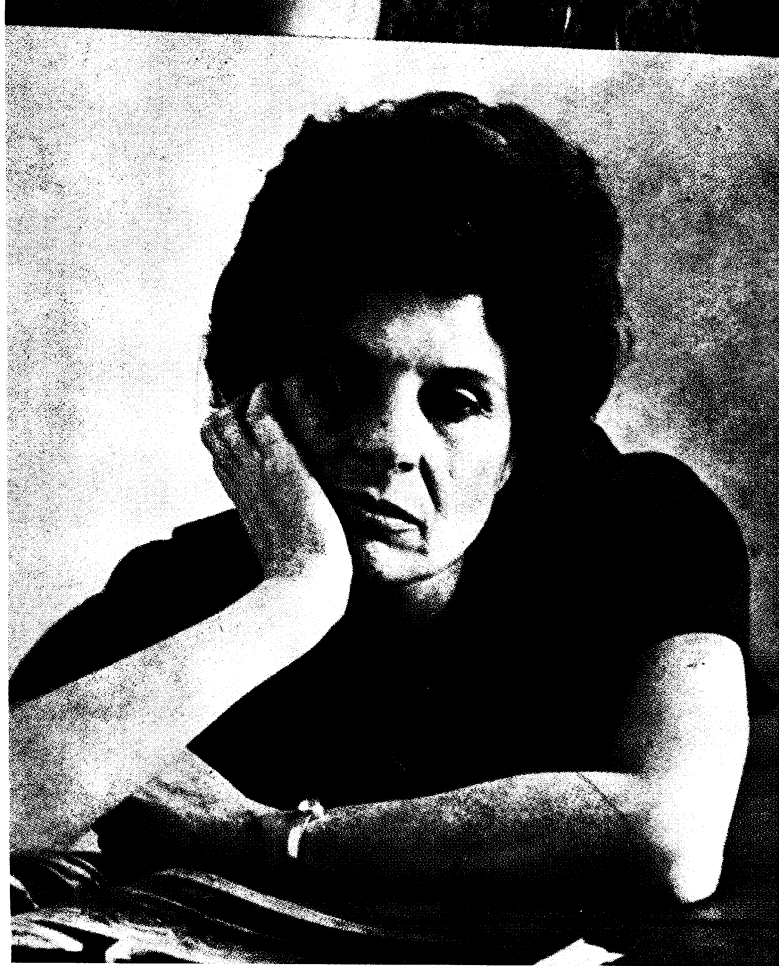
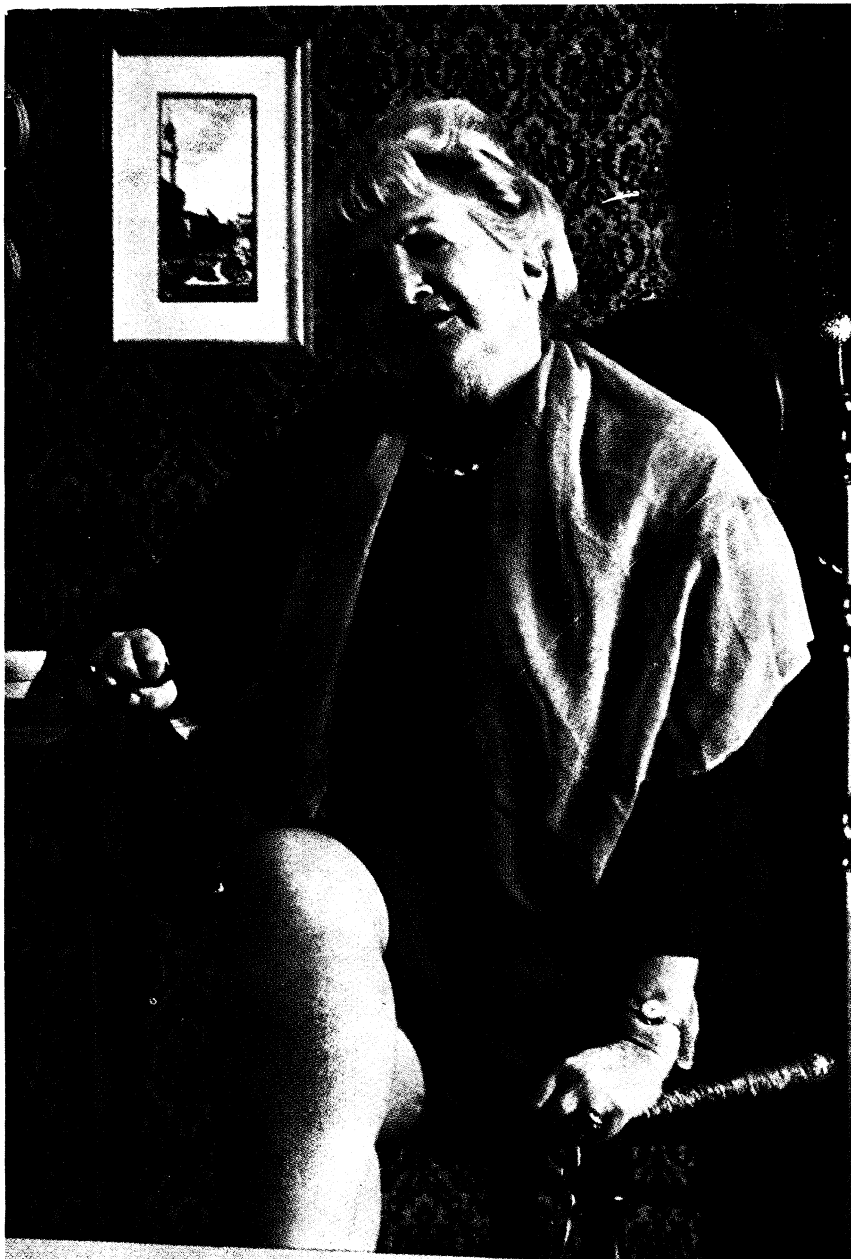
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Ayerst

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These women may
be estrogen deficient.

They needn't be.

Endogenous estrogen deficiency can be a fundamental cause of emotional and physical degeneration in the postmenopausal woman: menstrual irregularities, hot flushes, irritability, depression, nervousness, headaches, low back pain, osteoporosis, atherosclerosis, atrophic skin and muscle changes, senile vaginitis, pruritus and kraurosis vulvae.

But it doesn't have to happen. Many of these aging processes may be minimized or prevented. PREMARIN*—the natural and complete estrogenic complex—acts as a metabolic regulator and exerts a protective effect on many systems, organs and tissues of the female body.

Moreover, PREMARIN has the intrinsic ability to impart a sense of well-being—of vital importance in this period of psychologic adjustment and emotional imbalance.

"If we consider the number of aging changes that take place in the body after estrogen deficiency begins, it would seem logical to treat all women . . . estrogens are as essential to good health as a well balanced diet."—†

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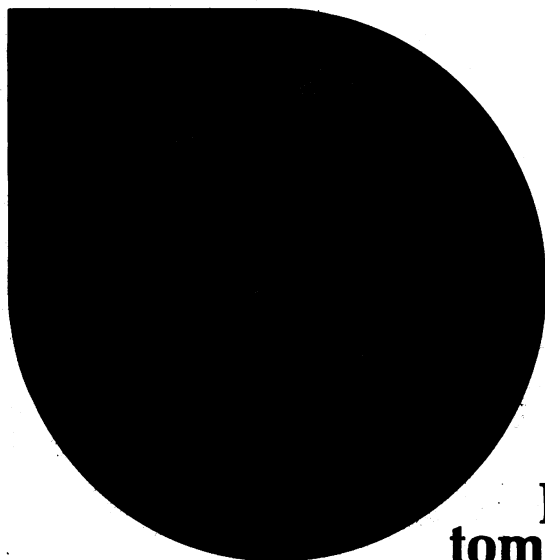
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†References and complete prescribing information
available on request.

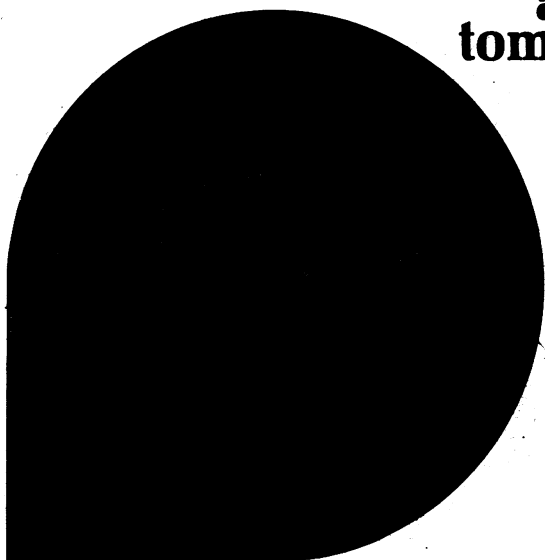
RECOMMENDED DOSAGE *Severe menopausal symptoms* — 1.25 mg daily. If a satisfactory response is not obtained after 3 or 4 days, dosage should be increased to 2.5 or 3.75 mg daily. *Mild or moderately severe menopausal symptoms* — 1.25 mg daily. In some patients 0.625 mg daily will suffice. *To facilitate cyclic therapy, PREMARIN Prem-Paks (1.25 mg or 0.625 mg) provide 4 x 21-day supplies of PREMARIN in circular turn-pack dispensers. Senile vaginitis, kraurosis vulvae, and pruritus vulvae* — 1.25 to 3.75 mg daily or more, depending upon the tissue response. **CAUTION:** To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1-week rest period — withdrawal bleeding may occur during this 1-week rest period).

CONTRAINDICATIONS: Estrogens are generally contraindicated in patients with a known malignancy or with a strong family history of cancer.

*T.M. Reg'd



For
tomorrow,
tomorrow,
and
tomorrow



the preferred treatment in rheumatoid arthritis:

Entrophen[®]

(ENTERIC-COATED ACETYLSALICYLIC ACID)

"Only if (acetylsalicylic acid) fails or produces toxic effects are other substances tried," declares Hart.¹

In long-term, high dosage treatment with ordinary A.S.A., however, gastric irritation may curtail this medication. To bypass that hurdle, Frosst formulated ENTROPHEN — A.S.A. with the unique Polymer-37* coating developed by Frosst Research. ENTROPHEN does not disintegrate until after it has passed through the stomach.

As Beaver² remarks, "enteric-coated preparations are totally dependent for their value on successful pharmaceutical formulation."

For many years, now, Frosst has been accumulating experience with ENTROPHEN, and constantly checking and testing the product to make sure that ENTROPHEN is indeed "successful".

DOSAGE: A minimum therapy for adults may be considered to be 10 grains four times a day. Intermittent therapy is ineffective.

SIDE EFFECTS: Tinnitus, nausea, vomiting, diarrhea. Idiosyncrasy to acetylsalicylic acid can occur, being manifest as skin rash but rarely as anaphylaxis.

Bottles of 100 and 500. 10 gr. or 5 gr. tablets. Full information on request.

References: 1. Hart, F.D.: Control of Pain in the Rheumatic Disorders. Brit. med. J. 3:635-640 (Sept. 14) 1968. 2. Beaver, W. T.: Mild Analgesics in the Treatment of Pain. Mod. Treatm. 5:1094-1119 (p. 1099), (Nov.) 1968.

*Patented 1959

Frosst
FOUNDED IN CANADA IN 1959

CHARLES E. FROSST & CO. KIRKLAND (MONTREAL) CANADA

Some hemorrhoids
the patient
can forget...



ANUSOL
ROUTINE MANAGEMENT

Some he
can't forget...



ANUSOL HC
DISCOMFORT AND
INFLAMMATION

And some
make him forget
everything else...



ANUGESIC HC
SEVERE DISCOMFORT
AND PAIN

**There is an ANUSOL therapy for
hemorrhoids regardless of severity**

THE ANUSOL FAMILY

COMPOSITION: Anusol Suppositories and Ointment contain Bismuth Oxide .875%, Resorcinol .875%, Balsam Peru 1.80%, Zinc Oxide 11.0%, Bismuth Subgallate 2.25%, Benzyl Benzoate 1.20%, Cacao Butter Ointment Base q.s. 100%.

Anusol HC Suppositories and Ointment contain the Anusol constituents plus Hydrocortisone Acetate 10 mg. per suppository; 0.25% in ointment.

Anugesic HC Suppositories contain Pramoxine Hydrochloride 25 mg., Hydrocortisone Acetate 5 mg., Bismuth Oxide 23 mg., Bismuth Subgallate 53 mg., Zinc Oxide 278 mg., Balsam Peru 46 mg., Benzyl Benzoate 30 mg., Base q.s. 2.81 gm.

Anugesic HC Ointment contains Pramoxine Hydrochloride 1.0%, Hydrocortisone Acetate 0.5%, Bismuth Oxide 0.875%, Bismuth Subgallate 2.25%, Zinc Oxide 10.75%, Kaolin 0.925%, Balsam Peru 1.875%, Benzyl Benzoate 1.25%, Base q.s. 100%.

ADMINISTRATION: Apply ointment or insert one suppository rectally morning and night for 3 to 6 days or as directed.

CONTRAINDICATIONS: Should not be used in patients with a sensitivity to any of the components.

Full information is available on request.



WARNER-CHILCOTT LABORATORIES CO. LIMITED,
Toronto, Canada

Continuing Searle research now brings you

Demulen[®]

LOW ESTROGEN ORAL CONTRACEPTIVE

**estrogen—50mcg.
predictable cycle control
clinically proven effectiveness**

Reduction of the hormone content of oral contraceptives to the minimum effective level has been a goal of Searle research for over 16 years. This continuing refinement has now led to DEMULEN.

The efficacy of Demulen was established in clinical trials started 3 years ago. No pregnancies occurred in 1,767 women taking Demulen over 11,913 cycles. This low-dose, low-cost, low estrogen oral contraceptive is suitable for most patients.

Switching patients to Demulen from other combination products presents no problems. Your patient should normally finish her current pack of oral contraceptives, wait seven days, and then start on Demulen. No other contraceptive precautions are necessary, even during the first weeks of tablet taking.



Demulen[®]

Each round, white unscored tablet contains:
Ethinodiol diacetate . . . 1 mg.
Ethynyl estradiol . . . 0.05 mg.

In Compack[®] dispensers of 21 tablets. Boxes of 5.

SEARLE

Where "The Pill" Began

Demulen®

Contraindications:

Pregnancy or lactation; undiagnosed irregular vaginal bleeding; suspected or overt liver disease; genital or breast carcinoma; thrombophlebitis, thromboembolic disease or cerebrovascular accident; unexplained severe headache or migraine, particularly if of recent origin; unexplained loss or blurring of vision, diplopia, proptosis, defects in the visual field, neurovascular lesions of the eye, or retinopathy.

Precautions:

The possibility of non-functional causes should be considered in the presence of persistent break-through bleeding.

The use of Demulen in patients with a history of depression should be carefully followed and the drug discontinued if recurrence of this condition appears imminent.

The possible effect of estrogens on the metabolism of calcium and phosphorus should be borne in mind in patients with diseases affecting the metabolism of these substances.

The insulin requirement of the diabetic patient occasionally changes when she is taking estrogen. This should be considered when Demulen is prescribed for these patients.

Demulen should be used with caution in patients with cardiac or renal disease, hypertension, epilepsy or asthma.

The pretreatment physical examination should include special reference to breast and pelvic organs, as well as a Papanicolaou smear.

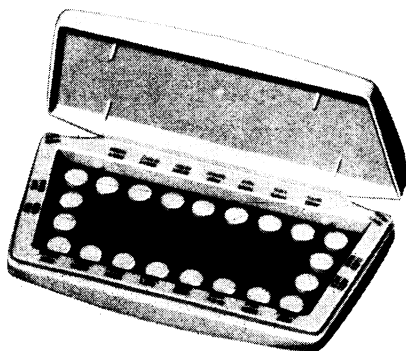
Endocrine and possibly liver function tests may be affected by treatment with Demulen. Therefore, if such tests are abnormal in a patient taking Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months.

Under the influence of progestin-estrogen preparations, pre-existing uterine fibroids may increase in size.

Dosage:

One Demulen tablet is taken daily for three weeks starting on Day Five of the menstrual cycle (where Day One is the first day of bleeding). Stop for one week. Continue "three weeks on-one week off" administration.

Product Monograph available on request.



SEARLE

G. D. Searle & Co. of Canada Limited Bramalea, Ontario

modern general practitioner or family physician in terms of his community and hospital function.

4. In a Metropolitan Toronto population of two million, just under 700 general practitioners have been identified. This ratio of one GP to 2,800 population is somewhat below the Canadian average. Possible explanations are:

(1) A considerable number of general practitioners in Metropolitan Toronto were not identified.

(2) Primary care is not as available in Toronto as it is elsewhere in Canada.

(3) More primary care is being delivered by sources other than general practitioners, e.g. directly by specialists, by auxiliary personnel, by the emergency departments of teaching hospitals, or by general practitioners and others whose offices are outside of the Metropolitan boundaries.

5. Most of the general practitioners replying to the inquiry about direct access claimed in a ratio of almost two to one that their practices were open and that they were accepting some new patients.

6. The majority of general practitioners in Toronto graduated from the University of Toronto. A total of 84.3 percent graduated from Canadian, American, British or Irish Universities. Thirteen percent graduated from European Universities. Arranged according to decades, the largest group of GPs has been in practice between ten and 20 years. Just over one third belong to the Academy of Medicine and over half claim to belong to the College of Family Physicians of Canada. Fifty five percent are available for obstetrical care.

7. Proficiency is claimed by the GPs in 30 languages other than English, the most frequent being German, French, Italian, Polish and Russian. A total of 126 physicians claimed proficiency in two or more languages other than English.

8. Only four percent of the GPs claimed to have no hospital connection. But 56 percent claimed affiliation with one hospital and 40 percent with two or more. Many GPs throughout the Metropolitan area maintained an affiliation with downtown teaching

hospitals. The older established general hospitals, the Toronto East General and St. Joseph's, and as well the Mt. Sinai tend to draw affiliation on a wide regional basis. The smaller district hospitals are mostly peripheral and recently-established. They tend to command affiliation on a district rather than a regional basis.

Summary

The factors are described which culminated in the production of a Register of General Practitioners in Metropolitan Toronto. The GPs were identified by questionnaire and arranged first by alphabetical list, and then according to district accompanied by suitable maps showing the office location. Also set out were the doctor's availability for new patients; his university and year of graduation; his Academy, College of Family Physicians, and hospital connections; whether he was available for obstetrical services; and languages spoken other than English. Voluntary and official organizations came forward to support the production of the Register because of apparent community need.

The total number of GPs identified (690) indicates that this segment of the profession still supplies a very large amount of primary medical care in Metropolitan Toronto, perhaps of the order of five million patient contacts annually.

A considerable majority of the GPs claimed to be accepting new patients. Most were trained at a Canadian University, had been in practice 20 years or less, did not belong to the Academy of Medicine, did belong to the College of Family Physicians of Canada and were available for obstetrical services. A total of 96 percent claimed an active affiliation with one or more hospitals. A substantial number spoke one or more languages in addition to English. ◀

References

1. Pollard, J.H., et al: *Metropolitan Toronto Department of Emergency Services, Report 1967.*
2. Clute, K.F., *The General Practitioner, University of Toronto Press Toronto, 1963, p. 257.*
3. Seywerd, H., et al: *Metropolitan Profile, Social Planning Council of Metro Toronto, 1966, p. 36.*

Even Simple Acne Benefits from Professional Care.

NEO-MEDROL ACNE LOTION
the proven professional product for the control of acne vulgaris

Proven effective in clinical trials

- ✓ In 15 clinical studies with Neo-Medrol Acne Lotion, satisfactory responses were reported in 87.5 percent of the acne vulgaris cases treated. A total of 835 patients were involved in the trials.

Accepted widely by both male and female patients

- ✓ Neo-Medrol Acne Lotion keeps acne under control.
- ✓ The lotion is invisible when dry and may be worn under makeup.

Economical to use

- ✓ A 60 cc. bottle of Neo-Medrol Acne Lotion provides a generous supply of medication and is especially economical when large areas are involved or when prolonged maintenance is required.
- ✓ The lotion spreads easily and smoothly to provide maximum coverage.



Acne vulgaris, before treatment



After four weeks' therapy with Neo-Medrol Acne Lotion

Neo-Medrol Acne Lotion

the professional answer to the problem of acne

Each cc. contains:

Medrol (methylprednisolone) acetate	2.5 mg. (0.25%)
Neomycin sulphate	2.5 mg. (0.25%)
(equivalent to 1.75 mg. neomycin base)	
Sulphur (from colloidal sulphur)	50 mg. (5.0%)
Aluminium chlorhydroxide complex	100 mg. (10.0%)

MEMBER

PMAC

Upjohn

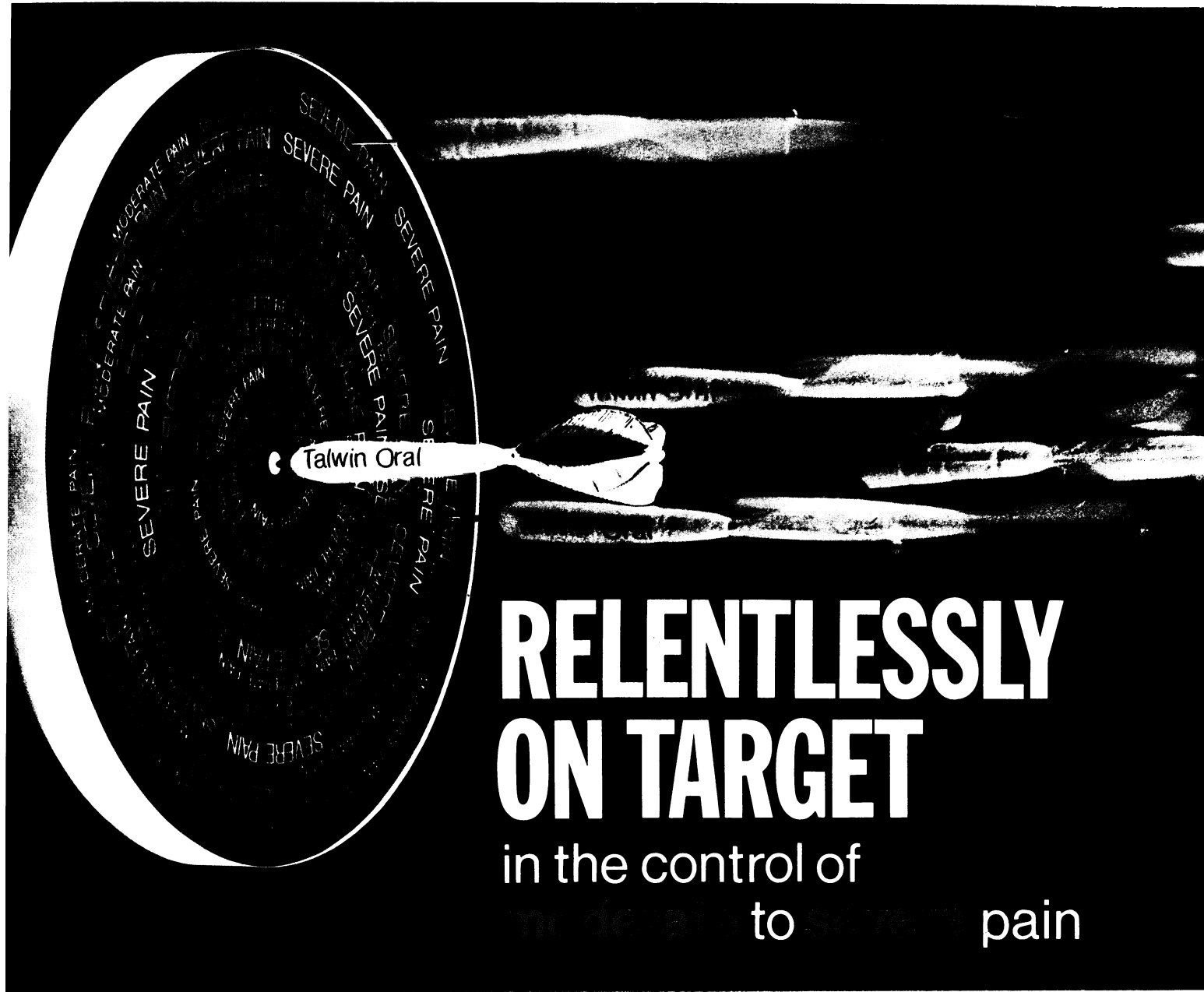
THE UPJOHN COMPANY OF CANADA/DON MILLS, ONTARIO

Administration: Apply sparingly to the affected area once or twice a day. Most patients find the once-a-day application sufficient.

Supplied: 30 cc. and 60 cc. plastic squeeze bottles.

Cautions: Should not be used in the presence of cutaneous infections due to organisms for which specific therapy is not available. Avoid contact with the eyes. Detailed information is available upon request.

709 REGISTERED TRADEMARKS: MEDROL, NEO-MEDROL CE 5963.1



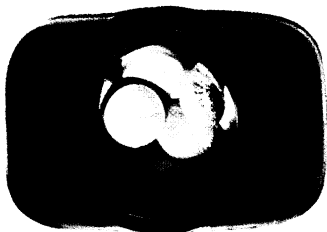
RELENTLESSLY ON TARGET

in the control of
moderate to severe pain

NEW TALWIN ORAL

50 mg.

(brand of pentazocine HCl)



- A potent Oral Analgesic . . . a 50 mg. dose appears equivalent in analgesic effect to 60 mg. (1 gr.) of codeine.
- For acute and chronic pain.
- Acts rapidly — usually between 15 to 30 minutes.
- Non-narcotic.
- May be used for as long as pain persists.
- Tolerance to the analgesic efficacy of TALWIN does not develop.

One tablet every 3 to 4 hours.
Increase to two tablets if necessary.

Winthrop
LABORATORIES
AURORA, ONTARIO

MEMBER

PMAC

NEE ST AN E F

Instant relief
within grasp of the
asthmatic patient



Winthrop
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Full information available on request: ISUPREL-NEO, ISUPREL MISTOMETER, T.V. SPOT, RACAL, GUY

new

convenient • time saving

Jectofer[®] SP

Iron Sorbitex

injectable iron in a ready-to-use
sterile disposable syringe pack

when to use it

when rapid response is needed

- pregnancy and postpartum
- post-hemorrhagic states
- chronic blood loss
- excessive menstrual bleeding
- depleted iron stores
- subclinical iron deficiency characterized by fatigue

when oral iron is unsatisfactory

- failure of response to adequate oral iron
- when tolerance to oral iron is poor
- geriatrics
- uncooperative or unreliable patients
- malabsorption syndrome
- parasitic infestation

when oral iron is undesirable

- patients with dyspepsia, peptic ulcers, regional enteritis, ulcerative colitis, post-gastrectomy, following bowel resection, and other disorders of the gastrointestinal tract.

what it does

ensures total replenishment of iron deficit

- rapidly restores Hb values to normal
- stimulates erythropoiesis
- replenishes storage iron

- replenishes iron in iron-containing enzymes

advantages of Jectofer

- rapid absorption and utilisation
- effective clinical improvement
- perfect general and local tolerance
- no irritation of the tissues; no increase of local or general temperature
- no headache, dizziness, palpitations or vascular symptoms
- no immediate or delayed allergic symptoms
- stimulation of erythropoiesis
- effective in treatment of anaemia and prophylactically prior to surgical intervention
- no change in kidney or liver functions of the patients treated
- no sign of haemosiderosis
- no effect on blood clotting

Precautions: Jectofer should be administered only by intramuscular injection. If expected results are not obtained after administration of the calculated dose, a complicating illness should be suspected and therapy should be stopped. It should not be administered concurrently with oral iron medication.

Contraindications: Jectofer is contraindicated in all anemias not due to iron deficiency. It is also contraindicated in patients with acute renal failure, present or past history of genito-urinary tract infection, folic acid deficiency, acute hepatitis or hemochromatosis.

For more information available upon request.



Predictable iron replenishment.
When you inject it, you know it's there.

ASTRA

Pharmaceutical Division, Mississauga, Ontario

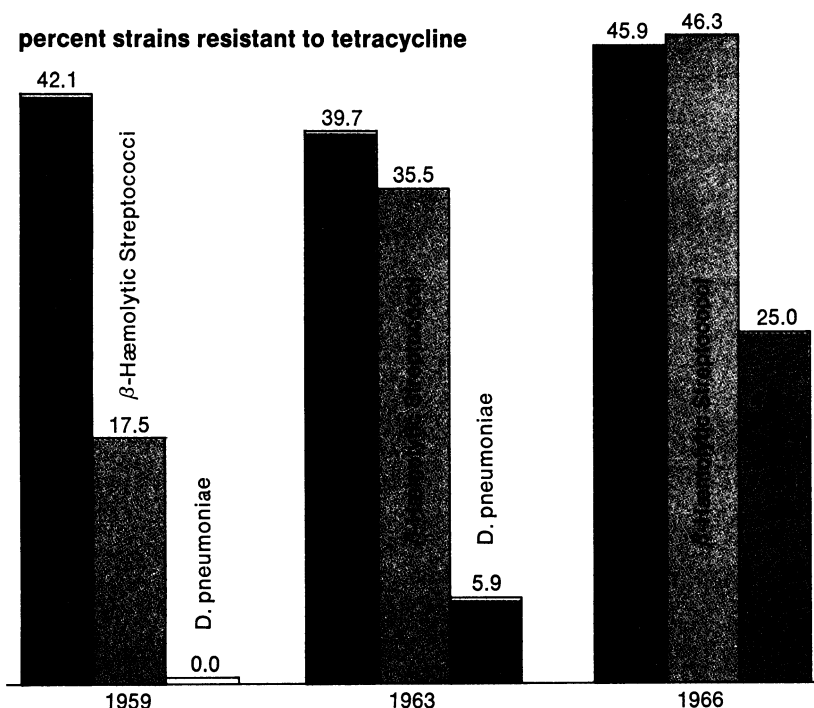
MEMBER

PMAC

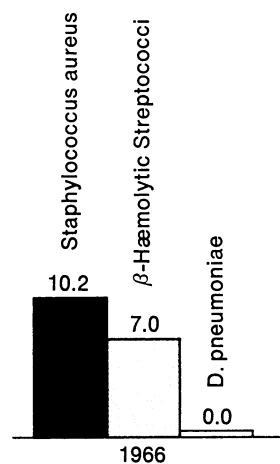
AlbamylinT

antibiotic sensitivity studies show an increasing development of organisms resistant to tetracycline; the addition of novobiocin to tetracycline overcomes this.

percent strains resistant to tetracycline



percent strains resistant to novobiocin-tetracycline



*"A combination of novobiocin with tetracycline allows minimal novobiocin resistance development and virtually eliminates tetracycline resistance development."*⁴

Fast
disintegration
and the Unit-Pack
make Orinase[®]
easy to take

Effectiveness
and safety
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Complete information on request 776 740

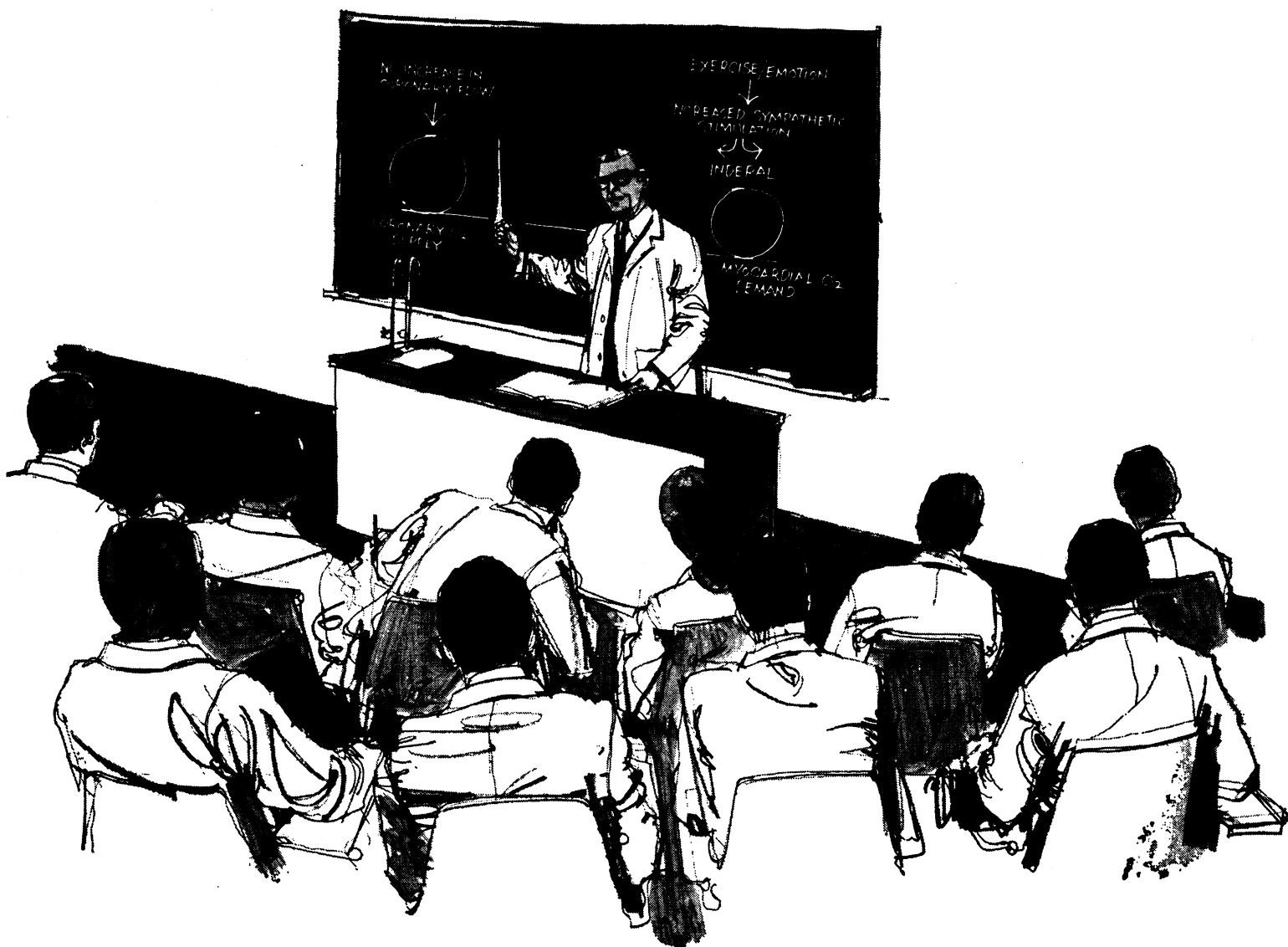


HOECHST
PHARMACEUTICALS
3400 JEAN TALON W. MONTREAL 301

DIVISION OF CANADIAN HOECHST LIMITED

**WORLD
LEADERS IN
DIABETES
RESEARCH**

*"...and the newest drug
for effective prophylaxis
and control of angina
pectoris is propranolol
hydrochloride – better known
by its trade name,
Inderal"*



Inderal introduces into clinical practice the first beta-adrenergic receptor blocking agent and offers a completely new approach in the treatment of angina pectoris, cardiac arrhythmias, the management of hypertrophic subaortic stenosis, and pheochromocytoma.

Hamer and Sowton, Birkett and Chamberlain, Conn and Bruce, and Mizgala et al have demonstrated that Inderal, given intravenously or orally to patients exercising on a bicycle or treadmill, prevented or delayed anginal attacks. Inderal also increased the patients' capacity to work at



"Then a real therapeutic value can be attributed to Inderal?"

"Most certainly! Inderal increases patients' capacity for work or play, reduces requirements for nitroglycerin, and reduces the incidence and severity of anginal pains."

a lower heart rate than during control exercise periods.

Moreover, numerous controlled double-blind trials have proved that Inderal, in appropriate oral doses, resulted in statistically significant benefits compared with placebo medication. Many patients reported decreased anginal attacks, decreased nitroglycerin requirements and increased physical activity. Patients also exhibited a slower pulse rate, generally without affecting blood pressure. These changes were often reversed when patients were transferred to placebo medication.

The degree of benefit was proportional to the dosages, which ranged from 40 mg to 400 mg per day, orally in divided doses. Complications were less frequent than expected and responded to the usual therapeutic measures.

"So, this is the most dramatic advance in the long-term treatment of angina pectoris."

"Yes, I believe it is."



Inderal*

**AYERST
LABORATORIES**

division of Ayerst, McKenna & Harrison Ltd.
Montreal, Canada

INDERAL made available in Canada
by arrangement with

EMPERIAL CHEMICAL INDUSTRIES LIMITED
Complete prescribing information and
references available on request.



MEMBER



*T.M. Reg'd

M-2522/4/70

Inderal*

DOSAGE AND ADMINISTRATION ORAL

Angina Pectoris

Initially, 20 mg, three to four times daily, before meals and at bedtime. Thereafter, and over the course of one week, dosage should be increased gradually to 40-60 mg, three to four times daily. Occasionally, doses as high as 320-400 mg have been administered safely with beneficial results to patients with resistant angina, but such doses are not generally required.

Arrhythmias 10-30 mg three or four times daily, before meals and at bedtime.

Hypertrophic Subaortic Stenosis 20-40 mg, three or four times daily, before meals and at bedtime.

Pheochromocytoma

Preoperatively — 60 mg daily, in divided doses, for three days prior to surgery, concomitantly with an alpha-adrenergic receptor blocking agent.

Malignant cases — 30 mg daily, in divided doses.

INTRAVENOUS

Cardiac Arrhythmias

1-3 mg, at a rate of 1 mg (1 ml) per minute. A similar dose may be repeated after two minutes, depending upon the response.

Note: Usual dosage of 1-3 mg should be administered under ECG monitoring wherever practicable. The rate of administration should not exceed 1 mg (1 ml) per minute. Sufficient time should be allowed to enable a slow circulation to carry the drug to the site of action. Once an alteration in rate or rhythm is noted, it is advisable to give no further Inderal until the full effect is observed.

Depending upon the response, a second dose may be repeated after two minutes. Additional medication should not be given unless it is clear that the desired therapeutic effect has not been achieved and no adverse effects, particularly bradycardia or congestive heart failure, have occurred. In the therapy of cardiac arrhythmias, it is seldom necessary to give doses greater than 10 mg intravenously.

Should excessive bradycardia occur, atropine 0.5 to 1.0 mg should be administered intravenously.

CONTRAINDICATIONS

1. *Bronchial Asthma*
2. *Allergic Rhinitis* (during pollen season)
3. *Sinus Bradycardia* (and greater than second degree or total heart block)

On occasion, the administration of Inderal has resulted in sinus bradycardia due to unopposed vagal activity and has been corrected by atropine.

4. *Cardiogenic Shock*

5. *Right Ventricular Failure* (secondary to pulmonary hypertension)

6. *Congestive Heart Failure*

Predictably, Inderal may worsen frank congestive failure. While the correction of a major arrhythmia may decrease congestive failure, and Inderal intravenously has been useful in this application, prior digitalization should be combined with small doses of Inderal, repeated only if indicated and carried out under constant electrocardiographic monitoring. Inderal does not abolish the positive inotropic action of digitalis glycosides.

Patients without a history of cardiac failure have also occasionally developed failure, or patients in incipient failure have developed overt congestive failure after treatment with Inderal. In such cases, the action taken will depend on the response of the patient to Inderal. If unsatisfactory, Inderal should be stopped immediately. If the response is good, patients should be fully digitalized and observed closely. If failure persists, Inderal should be withdrawn completely. The number of patients presenting difficulties of this kind is small in relation to the total number treated.

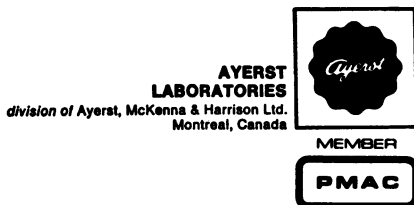
7. *Chloroform and Ether Anesthesia*
NOTE: FOR PRECAUTIONS AND ADVERSE REACTIONS: See Scientific Brochure.

AVAILABILITY

No. 3461, Inderal 10 mg, in bottles of 100 buff-colored, scored tablets.

No. 3464, Inderal 40 mg, in bottles of 100 green, scored tablets.

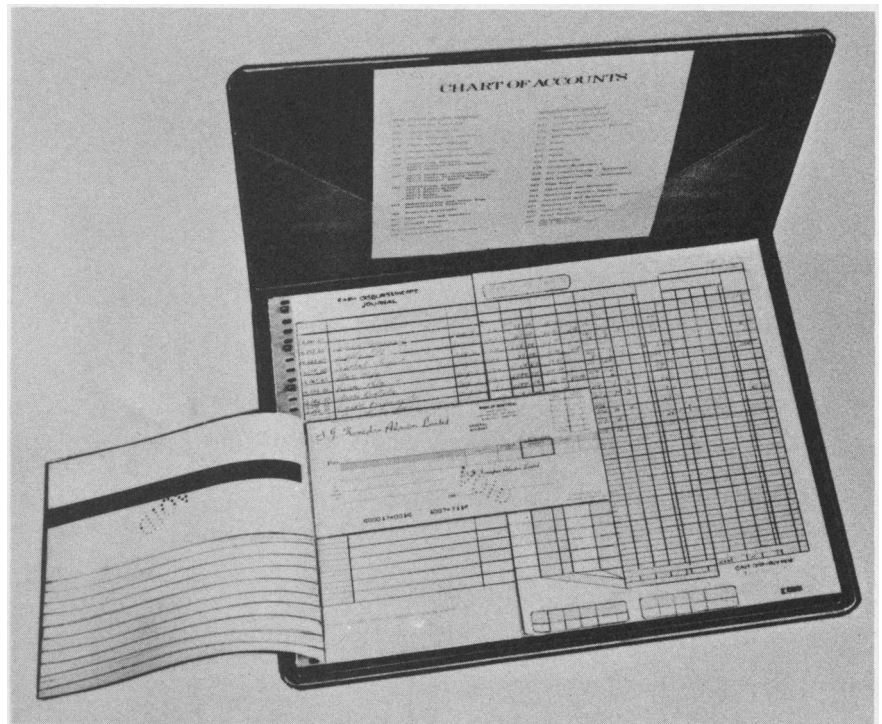
No. 3265, in 1 ml ampuls containing 1 mg, packed in cartons of 10.



*T.M. Reg'd

New Products

SystemFold DataBoard for EDP Input



For those physicians whose accounts are computerized, Systems Equipment Ltd. introduce the SystemFold DataBoard, which, when used in conjunction with the company's One Writing Disbursement System, is designed to reduce clerical work when submitting data for EDP input. Cheques are written and accounted for at the same time and daily account totals are available. At audit time, claim the manufacturers, there is a clear record of accurate accounts, with no re-copying needed.

For further information: Systems

Equipment Ltd., 1595 Buffalo Place,
Winnipeg 19, Man.

Statements made in this section of CANADIAN FAMILY PHYSICIAN are taken from material provided by the manufacturers or distributors concerned, and imply no endorsement of the products. Readers interested in any of the items should contact the companies concerned.

comprehensive cough control is as easy as



**CoActifed
tablets**

**CoActifed
syrup**

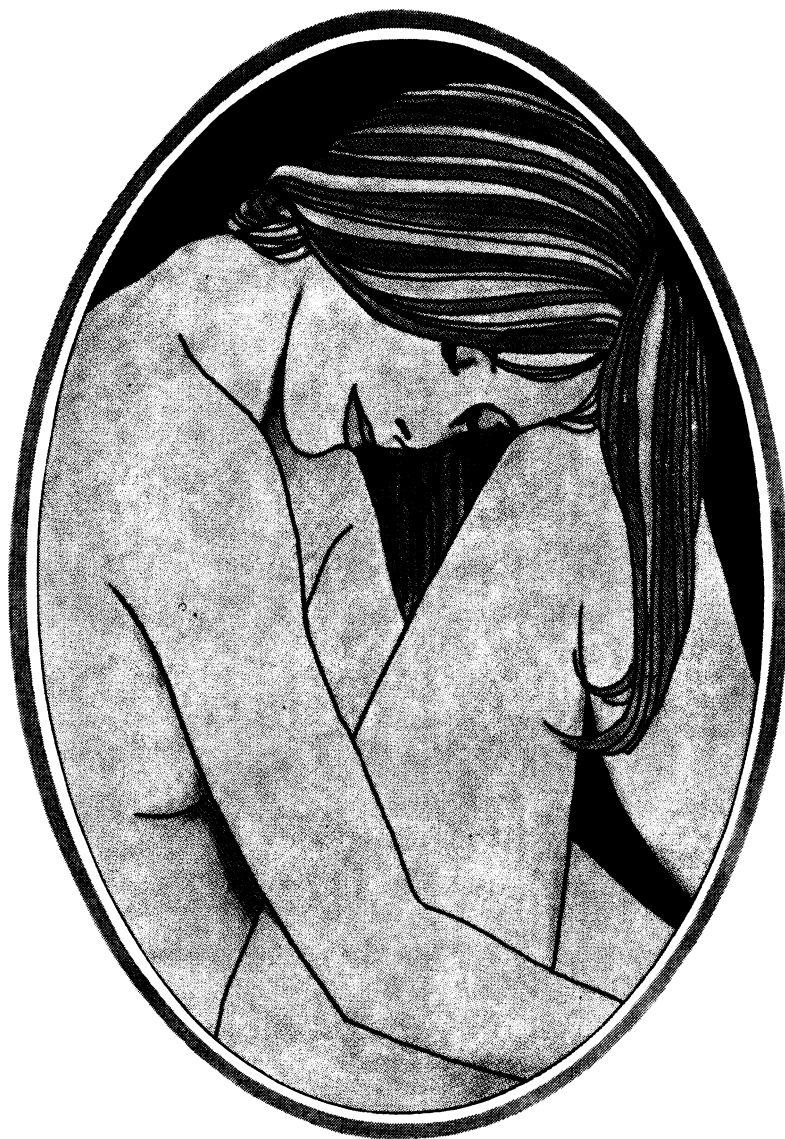
**CoActifed
expectorant**

An effective cough control preparation, CoActifed combines a decongestant and an antihistamine with the added cough suppressant effectiveness of codeine. It's available as syrup, tablets or expectorant. CoActifed is available by prescription only, although of course, with the convenience of being able to telephone your prescriptions to the druggist. It's the truly *professional* cough control preparation, extremely effective for *all* common coughs and particularly ideal for coughs resulting from the common cold, flu, allergic asthma and acute bronchitis. CoActifed . . . it's good medicine!

CoACTIFED* SYRUP
EXPECTORANT
TABLETS
 **Burroughs Wellcome & Co. (Canada) Ltd.**

*Trade Mark

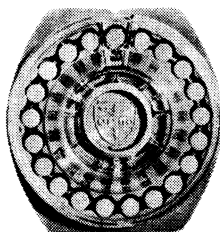
Dosage: May be given 4 times daily. . . Adults and children over 12 years. . . 10 ml. Syrup or Expectorant or 1 Tablet. Children 6 to 12 years. . . 5 ml. Syrup or Expectorant or 1/2 Tablet. Infants and children up to 6 years. . . 2.5 ml. Syrup or Expectorant or 1/4 Tablet. All doses are to be given 4 times daily. Some patients may require more frequent administration. CoActifed should be given with food.
Precautions and Side Effects: Thioridazine hydrochloride (100 mg) and codeine (10 mg) should be given with food.
Each 5 ml. (1 tsp.) contains 10 mg. thioridazine hydrochloride and 10 mg. codeine phosphate.



ORTHO-NOVUM 1/50^{*}

TABLETS

A reassuring combination for you and her



ORTHO-NOVUM 1/50 has an estrogenic content of 50 mcg of mestranol. This provides the *lowest estrogenic activity*¹⁻³ available in oral contraceptive formulations.

The progestin content of ORTHO-NOVUM 1/50 is 1 mg of norethindrone, a progestin used in oral contraceptive formulations for over 14 years. This long period of use provides an excellent measure of reassurance.

All things considered, when you have a patient who you feel will do well on "the pill," it makes sense to start her on the combination that provides the lowest estrogenic activity with a time-tested progestin.

1. Martinez-Manautou, J. and Rudel, H. W.: in *Ovulation*, R. B. Greenblatt (Ed.), J. B. Lippincott, Philadelphia, 1966, p. 243.
 2. Kupperman, H. S. et al.: *Pharmacologic Properties and Clinical Effects of Estrogen in the Human*, Exhibit, The Wilson Research Foundation, Inc., New York City. 3. Delforge, J. P. and Ferin, J.: A histometric study of two estrogens: ethinyl-estradiol and its 3-methyl-ether derivative (mestranol); their comparative effect upon the growth of the human endometrium, *Contraception* 1:57, Jan. 1970.

Ortho-Novum 1/50*

norethindrone with mestranol tablets

(formerly available as ORTHO-NOVUM 1 mg)

COMPOSITION: ORTHO-NOVUM is norethindrone (17-alpha-ethinyl-17-hydroxy-4-estren-3-one) with mestranol (ethinyl estradiol-3-methyl ether). Each ORTHO-NOVUM 1/50 Tablet contains 1 mg. norethindrone with 50 mcg mestranol.

CLINICAL STUDIES: Clinical studies to date with ORTHO-NOVUM 1/50 Tablets have involved 4,977 patients through 51,544 cycles of use. The low-dose balance formulation has proved to have excellent patient acceptability. ORTHO-NOVUM 1/50 has proven virtually 100% effective in these studies.

DOSAGE AND ADMINISTRATION: For the first cycle only, have her take one tablet a day for 3 weeks, starting on Day 5 of her menstrual cycle. At the end of the course of ORTHO-NOVUM 1/50, she stops the tablets for one week.

From now on, she simply completes each course of tablets, stopping at the end of each course for one week. Your patient will always start her course of contraceptive tablets on exactly the same day of the week. The tablets should be started whether or not menstruation has occurred or is finished.

If spotting or bleeding should occur while taking ORTHO-NOVUM 1/50, the tablets should be continued in the regular manner. It is not necessary to double the dosage.

DURATION OF USE: As long as physician feels is desirable.

PRECAUTIONS AND CONTRAINDICATIONS: Since it has been suggested that there may be a causal relationship between the use of progestin-estrogen compounds and the development of thrombophlebitis, physicians should be cautious in prescribing ORTHO-NOVUM 1/50 Tablets for patients with thromboembolic disease or a history of thrombophlebitis.

Patients with pre-existing fibroids, epilepsy, migraine, asthma or a history of psychic depression, should be carefully observed. Pre-treatment examination should include a Papanicolaou smear.

ORTHO-NOVUM 1/50 should not be taken: In the presence of malignant tumors of the breast or genital tract; In the presence of significant liver dysfunction or disease; In the presence of cardiac or renal disorders which might be adversely affected by some degree of fluid retention; During the period a mother is breast-feeding an infant.

PACKAGING: ORTHO-NOVUM 1/50 Tablets in DIALPAK* Tablet Dispensers of 21 and bottles of 500.

Detailed information on request.

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Don Mills, Ontario

Devoted to research in family planning.

Book Reviews

Title: **The Hard of Hearing Child**

Author: Frederick S. Berg and Samuel G. Fletcher

Publisher: Longmans Canada Limited

Price: \$14.70

Pages: 363

This book is well-written and the publishers have done a creditable job in its preparation. However, the book could have been more attractively bound and the quality of the paper, as well as the type size, could have been more attractive to the advantage of the reader.

The Hard of Hearing Child reads like a textbook, which indeed it is. The authors state in the preface that it is designed as a tool for action and a ready reference for clinical centers, students and parents. I agree with this but parents would have a difficult task in understanding the technical language.

The only part of this book which would be of value to the family physician is the last, and only portions of this section will add to his knowledge. The book is divided into three parts: the first section is interesting in that it reviews the history and incidence of the hard of hearing child. The second section is a basic anatomical and physiological statement of the problem. In the third section the team approach to the treatment of this condition is expounded. This is the approach to problem solving that the general physician has been using and we are all familiar with this method. However, some new concepts are introduced that I found interesting and informative.

At the outset I expected to read a very dull textbook. By the time I had completed the book I found I enjoyed it. While it was interesting it did not however add much to my knowledge which would have any real application to my practice. I would recommend this as a good book to have in the library of a teaching and research center but it would have a minimal use in the smaller hospital library.

Reviewed by W. P. Fraser, MD. (Dr. Fraser is in family practice in Galt, Ont.)

Title: **First Offender**

Author: Joe Alex Morris

Publisher: Longman Canada Ltd.

Price: \$3.95

Pages: 214

This moderate-sized paperback deals in considerable detail with a program initiated in 1959 by Judge Leenhouts in Royal Oak, Michigan. Very soon after his appointment as judge of a lower court he realized that conviction and punishment for minor offences had little effect on the individual and that repeat appearances in court were common. He also was well aware of the fact that few major crimes were committed by individuals who did not have a record of minor offenses.

Faced with the problem of lack of trained probation officers and lack of money, he turned to local volunteer talent and asked for help from six people in the community. Eight



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A corresponding amount of acetylsalicylic acid has been added in order to maintain the same dependable analgesia expected of 222 Tablets.

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Acetylsalicylic acid 375 mg. (6 gr.)
Caffeine citrate 30 mg. (½ gr.)
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Dosage: One or two tablets as needed.

Contraindications: Salicylate sensitivity, peptic ulcer.

Side effects: Skin rash, gastrointestinal bleeding, headache, nausea, vomiting, vertigo, ringing in the ears, mental confusion, drowsiness, sweating, and thirst may develop with average or large doses. Tubes of 12; bottles of 40 and 100.

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Important Announcement -

From the Original Developers of Isoproterenol

Dear Doctor,

Last September, we introduced Alupent tablets, a major advance in the long-term treatment of bronchospastic disorders. Today, we take great pride in announcing the availability of

Alupent® Metered Aerosol and Alupent® Solution 5%

the only bronchodilator inhalants which offer both immediate and prolonged action of up to 6 hours.

These new dosage forms have been found effective in the treatment of bronchospasm associated with:

*bronchial asthma
chronic bronchitis
pulmonary emphysema*

but because of their immediate effect, they are particularly useful in relieving the acute attack of bronchospasm.

Alupent has been thoroughly investigated both in Canada and abroad with over 1,000 published references appearing to date in the world literature. When compared to isoproterenol, epinephrine, and ephedrine, Alupent was found to be:

more effective (1, 2, 3, 4)

more selective in action (1, 5, 6)

rapid and long-acting (7, 8, 9, 10)

These important advantages substantiate our claim that Alupent is indeed "the first significant chemical advance in bronchodilators in over 25 years." We suggest you evaluate Alupent in your practice - you'll find it to be a superior bronchodilator!

Yours very truly,

A handwritten signature in dark ink, appearing to read "M. B. Russo", written in a cursive style.

M. B. Russo
General Manager



Alupent®
orciprenaline sulphate

Tablets ...
for the long-term management of
chronic wheezing patients.

Metered Aerosol ...
for the immediate relief of
acute attacks of bronchospasm.

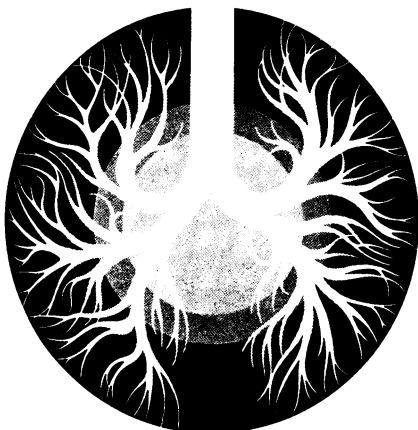
Solution ...
for patients who prefer a wet
aerosol spray and for inhalation
therapy in hospital.

Description

Alupent is a highly effective bronchodilator/antiasthmatic possessing the following major characteristics:

- Because the beta stimulating action of Alupent is more precise, the ratio of bronchodilating to cardiovascular effects is more favourable with Alupent than with other sympathomimetic bronchodilators such as ephedrine and isoproterenol.
- The efficacy of Alupent after both oral and inhalation administration has been demonstrated by pulmonary function studies (spirometry and measurement of airways resistance by body plethysmography).
- Rapid onset of action follows the administration of Alupent. The effect of aerosol administration is usually demonstrated immediately while the effect of tablets is normally noted within 30 minutes ... peak effect of both forms occurs between 60 to 90 minutes, and the effect persists for 3 to 6 hours.
- The effect of an aerosol bronchodilator may be potentiated by administration of an Alupent 20 mg tablet, 90 minutes prior to use of the aerosol. No additive effect occurs when the drugs are given in reverse order.
- Patients have not developed tolerance to the drug during prolonged therapy.
- No toxic effects on the liver, kidneys or haematologic system have been reported in the long-term use of Alupent.

As with all drugs which are administered for long periods of time, the physician should thoroughly familiarize himself with the indications, contraindications, warnings, precautions, dosage and possible adverse reactions of Alupent.



Alupent Prescribing Information

Dosage

As with all drugs, the ideal dosage of Alupent varies from patient to patient. The following recommended dosages represent general guidelines which will be found suitable for the majority of patients.

**Alupent *
Tablets 20 mg** Ages 4-12, 10 mg (½ tablet) t.i.d.,
above 12, 20 mg (1 tablet) t.i.d. — q.i.d.

**Alupent *
Metered Aerosol** One to two inhalations will usually provide control of an
acute attack of bronchospasm for periods of 5 hours or
longer. As a general rule, patients should not exceed a
total of 12 inhalations per day.

**Alupent *
Solution 5%** *Hand nebulizer:* 5 to 15 inhalations of 5% solution by hand
nebulizer (DeVilbiss No. 40 or 41), administered up to
three times daily.
Intermittent positive pressure breathing: ½ to 1 cc of 5%
solution diluted if desired and administered over a period
of about 20 minutes.

Side Effects

In the recommended dosage, adverse reactions to Alupent are infrequent. Mild tachycardia, nausea, vomiting, palpitations, minimal hypertension, nervousness, bad taste, and tremor have been reported.

Precautions

In acute tests, Alupent has shown minimal effect on blood pressure and pulse. The drug should be used with care however in asthmatic or emphysematous patients who also have systemic hypertension, coronary artery disease, acute and recurring congestive heart failure, diabetes mellitus, glaucoma or hyperthyroidism. Extreme care must also be exercised in the concomitant use of Alupent with epinephrine or MAO inhibitors.

Warnings

Alupent should not be administered to pregnant women or to women of child bearing potential unless in the opinion of the physician the expected benefits outweigh the possible risks to the fetus. In rabbits, high oral doses (100 mg/kg) and low subcutaneous doses (0.2 mg/kg) have resulted in malformed offspring in some experiments, but not in others. Studies in the rat, mouse and rhesus monkey have shown no adverse effect on the developing fetus. Other sympathomimetic drugs tested, viz., ephedrine and phenylephrine produced teratogenic effects in the rabbit when given orally at high doses as did isoproterenol given subcutaneously at low doses. The significance of these findings is not known.

However, clinical evidence presently available from the use of Alupent in pregnancy is limited.

Occasional patients have been reported to have developed severe paradoxical airways resistance with repeated excessive use of sympathomimetic inhalation preparations. The cause of this refractory state is unknown. It is advisable that in such instances the use of the preparation be discontinued immediately and alternative therapy instituted, since in the reported cases the patients did not respond to other forms of therapy until the drug was withdrawn. Fatalities have been reported following excessive use of isoproterenol inhalation preparations and the exact cause is unknown. Cardiac arrest was noted in several instances.



Patients should be advised to seek medical aid in the event that they do not respond to their usual dose of a sympathomimetic amine aerosol. The failure to respond may be due to retention of viscous bronchial secretions, associated with an allergic or infective exacerbation of the patient's condition. Increased airways resistance on the basis of bronchospasm alone is reversed promptly by bronchodilators, and if this does not occur, a more serious condition should be suspected. Admission to hospital for intensive support of the cardiovascular and respiratory systems may be necessary.

Contraindications

Known sensitivity to the drug or other sympathomimetic amines. The use of Alupent and other beta stimulants is generally considered to be contraindicated in patients with cardiac arrhythmias associated with tachycardia.

Beta blocking agents, e.g. propranolol, effectively antagonize the action of Alupent. Their concomitant use, except in the treatment of accidental overdose is therefore contraindicated.

Availability

Alupent 20 mg tablets are available as round, white, single scored tablets. They are printed on one side with  and on the reverse side with the letters .

Supplied in bottles of 50 and 500.

Alupent Metered Aerosol is supplied as a 15 ml metal vial (with free disposable mouthpiece) containing 300 individual doses. Each depression of the valve releases 0.75 mg of active ingredient as a micronized powder.

Alupent Solution 5% is supplied in bottles containing 7.5 ml.

For full prescribing information, consult the Alupent Product Monograph.

References

1. Bloddeau, M. & Roy, J.C.: C.M.A.J. 99:585, 1968.
2. Howard, L. A. & Coleman, M.: American Coll. of All. Meeting, March 22, 1967.
3. Peitz, H. H.: Amer. J. Med. Sci. 253:321, 1967.
4. Kessler, F. & Weisinger, P. I.: Ann. Allergy 28:176, 1970.
5. Shanks, R. G. et al.: Brit. Med. J. 1:810, 1967.
6. Redwood, D.: Brit. Med. J. 1:419, 1968.
7. Ishikawa, S. & Cherniak, R. M.: Amer. Rev. Resp. Dis. 99:703, 1969.
8. Gent, P. N. C. et al.: Brit. J. Clin. Pract. 22:479, 1968.
9. Sinclair, J. D.: New Zealand Med. J. 65:524, 1966.
10. Hoffbrand, B. I. et al.: Brit. Med. J. 1:1014, 1968.

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Medical Digest

Medicine's Future: A Student's View

“The Special Article by Dr. Charles F. Code (NEJM Sept. 24, 1970) deserves mention because it typifies the rumors regarding general practice that are spread by researchers and clinicians who have never experienced practice outside a medical center. As a student interested in the new specialty of family practice, I find this most distressing. I have spent ten weeks observing the practices of 14 general practitioners and ten specialists in a community medicine preceptorship and can offer rebuttal based on my experience.

Dr. Code contends that the generalist is overworked and suggests that to solve the problem, we should reduce the number of generalists! This is absurd. The generalist is capable of taking care of many times the number of cases a specialist can (or should). To eliminate him would be like trading buses for VWs to manage our transportation problem.

He proposes that primary care be delivered by mixed specialty clinics. This cannot be done without severely misconstruing the meaning of ‘primary care’. He projects that generalists will be reduced to inconsequential proportions in the 1980s, when, in fact, the creation of the Family Practice Specialty Board is increasing interest among students in this career. He suggests that people will be better served by a health care unit “within a radius of 100 miles or more”, when most doctors are finally realizing that ghetto families are unable to travel even a few blocks for health care.

He surmises that “the public has accepted the trend (to specialization)” when, in fact, it is clamoring at the doors of our legislature for more “family doctors”. Even an intellectually sophisticated group like the Faculty of Duke University, when given a choice between “the present method of specialty care” and “a family doctor”, preferred the latter 99 to 2!

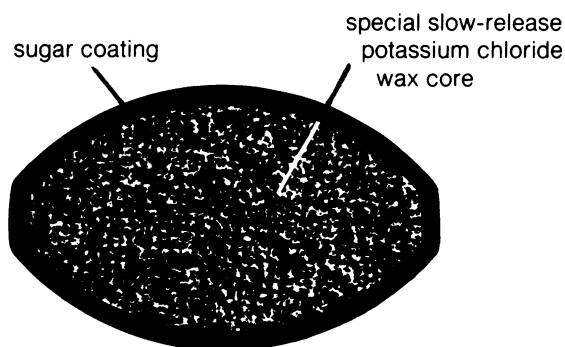
As a profession we cannot, as Dr. Code's suggestions would require, gain free time by making ourselves unavailable to our patients. We can lighten the burden on each doctor by making more efficient use of our finite number of doctors and teaching man-hours. When 85 to 90 percent of all human ailments do not require specialty skills or knowledge, a system that allows almost all its physicians to discard the ability to deal with these problems and to prepare themselves only for the ten percent of *their specialties* which could not be handled by a generalist, is inexcusably wasteful.

I agree that the medical profession is rapidly changing and the generalist of the 1970s cannot use the approach of the 1940s. He must respond to the needs of the patient, the medical profession and society. The result will be that the family physician of the 1970s will become even more adept at his role as specialist in versatility. ●●

**Student's Letter in New England
Journal of Medicine,
December 17, 1970.**

“Slow-K[®] (potassium chloride) tablets are the only satisfactory method of giving potassium by mouth.”

O'Driscoll, B.J.: *Potassium Chloride with Diuretics*.
Brit. med. J. 2:348, 1966.



“The tablets are palatable and
do not cause gastric irritation or
ulceration of the small bowel.”

J. Roy. Coll. Gen. Practit. 15:36, 1968

Slow-K slow-release potassium chloride tablets

- Slow-K provides a steady K⁺ absorption over 4 to 5 hours.
- For the 4-5 hours of Slow-K absorption any underlying K⁺ loss is countered, e.g., during diuretic therapy.
- Slow-K tablets are sugar-coated, palatable and easily swallowed.
- Slow-K contains Cl⁻ ion which is physiologically essential to ensure K⁺ absorption and

retention in patients with a tendency to develop metabolic alkalosis.

- No bicarbonate in Slow-K which cannot therefore accentuate metabolic alkalosis.
- Slow release of K⁺ from Slow-K is less likely to produce hyperkalemia in cases of renal impairment.
- Each Slow-K tablet provides 600 mg. KCl (8mEqK⁺) in an easily-taken tablet.
- Slow-K is economical.

INDICATIONS—All circumstances in which potassium supplementation is necessary, and particularly during prolonged or intensive diuretic therapy

Patients at special risk are those with advanced hepatic cirrhosis or chronic renal disease, patients with considerable edema (particularly if urinary output is large), patients on a salt-restricted diet and patients receiving digitalis (a lack of potassium sensitizes the myocardium to the toxic effects of digitalis).

The range of indications for Slow-K may be summarized as follows:

As a supplement to diuretics
Hypochloremic alkalosis
Cushing's Syndrome
Steroid therapy
Liver cirrhosis
Diseases characterized by persistent vomiting or diarrhea

Digitalis therapy
Ulcerative colitis
Steatorrhea
Chronic diarrhea
Regional ileitis
Continuous withdrawal of gastrointestinal fluids
Ileostomy
Neoplasms or obstructions referable to the gastrointestinal tract

DOSAGE—The dosage is determined according to the needs of the individual patient. When administered as a potassium supplement during diuretic therapy, a dose ratio of one Slow-K tablet with each diuretic tablet will usually suffice, but may be increased as necessary. In general, a dosage range between 2-6 Slow-K tablets (approximately 16-48 mEq K⁺) daily, or on alternate days, will provide adequate supplementary potassium in most cases. Preferably, administer after meals.

Warning—A probable association exists between the use of coated tablets containing potassium salts, with or without thiazide diuretics; and the incidence of serious small bowel ulceration. Such preparations should be used only when adequate dietary supplementation is not practical, and should be discontinued if abdominal pain, distention, nausea, vomiting or gastrointestinal bleeding occurs.

SIDE EFFECT—Up to December 1970 more than 2500 million tablets of Slow-K and CIBA thiazide tablets containing the slow-release potassium chloride core have been used throughout the world. Only three cases of small bowel ulceration, one of which is of doubtful origin, have been reported.

CAUTIONS—Administer cautiously to patients in advanced renal failure to avoid possible hyperkalemia. Slow-K should be used with caution in diseases associated with heart

block since increased serum potassium may increase the degree of block.

CONTRAINDICATIONS—Renal impairment with oliguria or azotemia, untreated Addison's Disease, myotonia congenita, hyperadrenism associated with adrenogenital syndrome, acute dehydration, heat cramps and hyperkalemia of any etiology. Conditions associated with stasis of the G.I. tract.

SUPPLIED—Tablets (pale orange, coated) each containing 600 mg. of potassium chloride in a slow-release, inert wax core; bottles of 100 and 1000.

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problems causing a shortage of young men and women pursuing technical careers is the belief, rightly or wrongly, that the university degree is an automatic passport to success, and that to accept training for a higher national certificate or diploma is only second best. The technical colleges and the institute responsible for medical laboratory technicians, aware of this problem, have persuaded the Department of Health to support a degree level course in medical laboratory technology. The diploma is, for the present, seen as an alternative route to fellowship of the professional body concerned. This surely is the wrong approach to the problem, for as already indicated there is a surfeit of graduates and a severe shortage of medical laboratory technicians. This shortage will continue until we can overcome the psychological inadequacies of the present technical education system; to supplement it by a degree level course is in itself an admission of failure of the present system.

The present and future need is for a highly trained, well educated technical force with an emphasis on technical-ability rather than academic prowess. We must aim at a technical education system designed to attract some of the present university entrants who, although less academic, would not feel or be inferior to their graduate counterparts.

The alternative to a complete revision of the present training system would be to staff our medical laboratories entirely with graduates. With the present surfeit of graduates this would be comparatively easy and is in fact taking place in chemical pathology laboratories. However, most pathologists would agree that the properly trained medical laboratory technician is invariably worth two graduates in terms of work load and technical ability. Perhaps the alternative to the present situation is for a school of medical laboratory technology? ♡ ♡

Physician's letter in
the British Medical Journal,
December 5, 1970

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Complete prescribing information and references on request.

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Lasix[®] relieves premenstrual tension

effectively

"Premenstrual tension occurs most frequently in women between ages 25 and 40. Its true etiology is unknown, but it may be due to generalized fluid accumulation as a result of Na⁺ ion retention caused by increased steroid hormone activity during the latter half of the menstrual cycle."¹

"... promotion of diuresis to achieve adequate dehydration and consequent relief from symptoms associated with fluid accumulation in this situation is the most rewarding of all treatments devised to date."²

A diuretic such as Lasix can relieve water retention which is manifest as breast engorgement, distention of the abdominal wall and slight edema of the face and ankles. The well-established efficacy of Lasix in edematous states makes it the diuretic of choice in the treatment of premenstrual tension.

safely

In the treatment of premenstrual tension with diuretics, electrolyte balance is of paramount importance. In various types of edema, Lasix assures a significantly better electrolyte balance and consistently less potassium loss than the thiazides.³ Concentration of electrolytes, pH, bicarbonate content, potassium content, duration of diuresis, are all nearer the normal urine values than with the thiazides. The unparalleled safety of Lasix makes it the diuretic of choice in the treatment of premenstrual tension.

predictably

In the treatment of premenstrual tension, Lasix demonstrates a predictable, dose-related action. Because diuresis is complete in 6 hours, dosage schedules can be timed to suit the patient's requirements for work and sleep. The predictable action of Lasix makes it the diuretic of choice in the treatment of premenstrual tension.

(1) Merck Manual Eleventh Edition, pp. 658-659, 1966. (2) Beckman, H.: Dilemmas in Drug Therapy, pp. 275, Saunders, 1967. (3) Mahabir, M. and Laufer, S. T.: Arch. Intern. Med., 124:1, 1969.



**Lasix, the diuretic
to begin with . . . and stay with**



**Now...
a penicillin that
is effective against
Pseudomonas aeruginosa
and Proteus species**

**without
dose-related
toxicities**

PYOPEN*

(carbenicillin)

The incidence of infections caused by gram-negative organisms is on the increase — and a majority of these are due to *Pseudomonas aeruginosa*.

Until the development of PYOPEN, a semisynthetic penicillin, no treatment was available for systemic *Pseudomonas* infections which did not involve a safety risk of dose-related toxicities.

PYOPEN is an important therapeutic advance, providing for the first time the *safety* of a penicillin combined with bactericidal *effectiveness* against *Pseudomonas aeruginosa* and other gram-negative organisms,

particularly *Proteus* species which are resistant to other antibiotics.

PYOPEN is recommended for severe and overwhelming infections caused by sensitive strains of *Ps. aeruginosa* and *Proteus* species (*P. vulgaris*; *P. rettgeri*; *P. morganii*): septicemia; respiratory tract infections; meningitic infections; urinary tract infections; peritonitis; and infected burns and wounds.

When *Pseudomonas aeruginosa* and *Proteus* species are suspected, specify PYOPEN (carbenicillin). It is effective — without dose-related toxicities.

Complete prescribing information and references available on request.

(See next page for brief prescribing information).



Effective... without dose-related toxicities

PYOPEN*

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PYOPEN*

(carbenicillin)

RECOMMENDED DOSAGES

ADULTS: I. Severe and overwhelming infections — such as: septicemia, extensive burns and wounds, pneumonia, peritonitis.

Intravenous injection or infusion —

12-30 gm daily with or without oral probenecid. Probenecid: 1 gm three times daily.

Meningitis: Same dosage as above plus 40 mg daily intrathecally or intraventricularly.

II. Moderately severe infections — such as: urinary tract infections, otitis media. *Intramuscular* — 1 mg every 4 hours for 5-10 days.

CHILDREN'S DOSAGE — Adult dosage should be reduced according to the weight and age of the child, and will vary widely according to the site and severity of the infection and sensitivity of the infecting organism. A suitable daily dosage will vary from 100-300 mg/kg body weight.

Since toxicity studies have not been conducted in newborn or weanling animals, and since clinical experience is exceedingly limited in children and infants, caution should be exercised.

CONTRAINDICATIONS — A history of penicillin allergy.

PRECAUTIONS — The neurotoxicity of PYOPEN may be the same as that for penicillin G. However, this complication has not yet been reported with PYOPEN. Cross-sensitivity may exist between penicillins and cephalosporins. The safety of PYOPEN in human pregnancy has not been established.

With high doses of PYOPEN the concomitant administration of sodium may introduce risk for patients with serious cardiac disease.

ADVERSE REACTIONS — Specifically reported with PYOPEN are the following adverse reactions: pain at the site of intramuscular injection; thrombophlebitis after prolonged intravenous administration; rash, variously described as erythematous, maculopapular or urticarial, either generalized or localized, at the site of intramuscular injection; pruritus; eosinophilia; nausea; occasional rise in SGOT and alkaline phosphatase levels. One investigator reported a drop in hemoglobin level but the exact nature of the anemia, although investigated, remains unexplained. A hemiplegic patient developed a seizure when the dose of PYOPEN was raised. A patient with myasthenia gravis complained of increased muscle weakness after receiving PYOPEN.

Presumably, adverse reactions previously reported with other forms of penicillins may be encountered with PYOPEN. They include loose stools, moniliasis, angio-neurotic edema, and anaphylactoid reactions.

AVAILABILITY — No. 681 — PYOPEN injectable: 1 gm vials carbenicillin as the disodium salt.

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division of Ayerst, McKenna
& Harrison Ltd.
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BUTTERWORTH BOOKS ON PEDIATRICS

THE NATURE OF CHILDHOOD AUTISMS, 2nd Edn. by Gerald O'Gorman, MRCP, DPM. This book is not only for pediatricians and psychiatrists, but also for public health doctors, social workers and teachers.

1970 163 pages \$6.75

PEDIATRIC UROLOGY, Edited by D. I. Williams, MD, MCHIR, FRCS, "...intended as a practical guide for those practicing or training for pediatric surgery or urology and this intention is completely fulfilled." — British Journal of Surgery.

1968 Reprinted 1970 585 pages \$34.65

THE BORDERLAND OF EMBRYOLOGY AND PATHOLOGY, 2nd Edn. by R. A. Willis, DSc, MD, FRCP, FRCS, FRACP, HonLLD.

1962 686 pages \$23.10

FETAL AND NEONATAL PATHOLOGY, 3rd Edn. by J. E. Morison, MD, DSc, Contents: Disturbances of Pre-Natal Life, Adaptation to Extra-Uterine Existence, Infections in Fetal and Neonatal Life.

1970 552 pages \$42.35

NON-COMMUNICATING CHILDREN by Louis Minski, MD, FRCP, DPM, and M. J. Shepperd, MRCS, LRCP, DPM. This book is based on an analysis of 474 children investigated in the Children's Unit set up at Belmont Hospital, Surrey.

1970 188 pages \$9.65

MODERN TRENDS IN PEDIATRICS — 3 Edited by John Apley, CBE, MD, BS, FRCP, JP. This volume captures the excitement which exists in the field of pediatrics today.

1970 347 pages \$16.20

PRESENTING SYMPTOMS IN CHILDHOOD, by John Fry, MD, FRCS

1962 184 pages \$6.75

PHYSICAL MEDICINE IN PEDIATRICS, Edited by Basil Kiernander, MB, BS, MRCP, DMRE, DPhysMed, A reference book for pediatricians, family practitioners and all who are concerned with the physical welfare of children.

1965 240 pages \$13.50

POST-NATAL DEVELOPMENT OF PHENOTYPE, Edited by S. Kazda, MD, PhD, and V. H. Denenberg, PhD, Proceedings of a Symposium held in Liblice, near Prague, September, 1969.


1970 420 pages \$30.80

SPEECH DISORDERS: APHASIA, APRAXIA AND AGNOSIA, 2nd Edn., by the late Lord Brain, DM, FRCP, FRS

1965 202 pages \$10.80

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forget
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The angina patient often improves markedly as he gains reassurance with this well-tolerated, well recognized agent that helps reduce the frequency and severity of painful attacks.

Prescribe Peritrate (20 mg.) four times daily or Peritrate SA every 12 hours.

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Peritrate—each tablet contains 20 mg. pentaerythritol tetranitrate, also available as Peritrate with phenobarbital (15 mg.).

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Contraindications and precautions:

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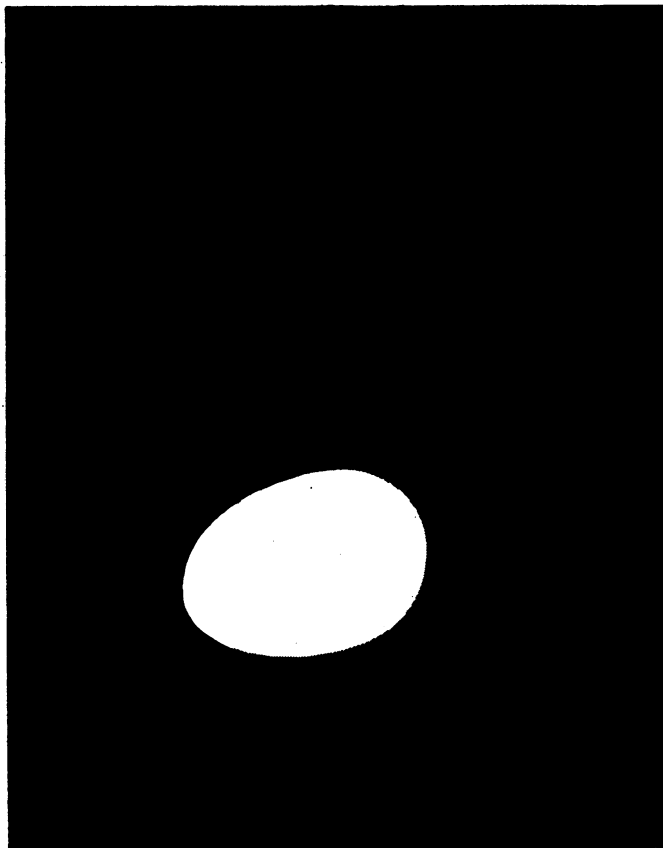
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Allergies cause anxiety...

(or is it the other way 'round?)



no matter which comes first

atarax*

restores patient comfort by breaking
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"Atarax . . . is the current drug of first choice in the
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Horan, J. D., Vancouver, B.C.; C.M.A.J., Nov., 1965.



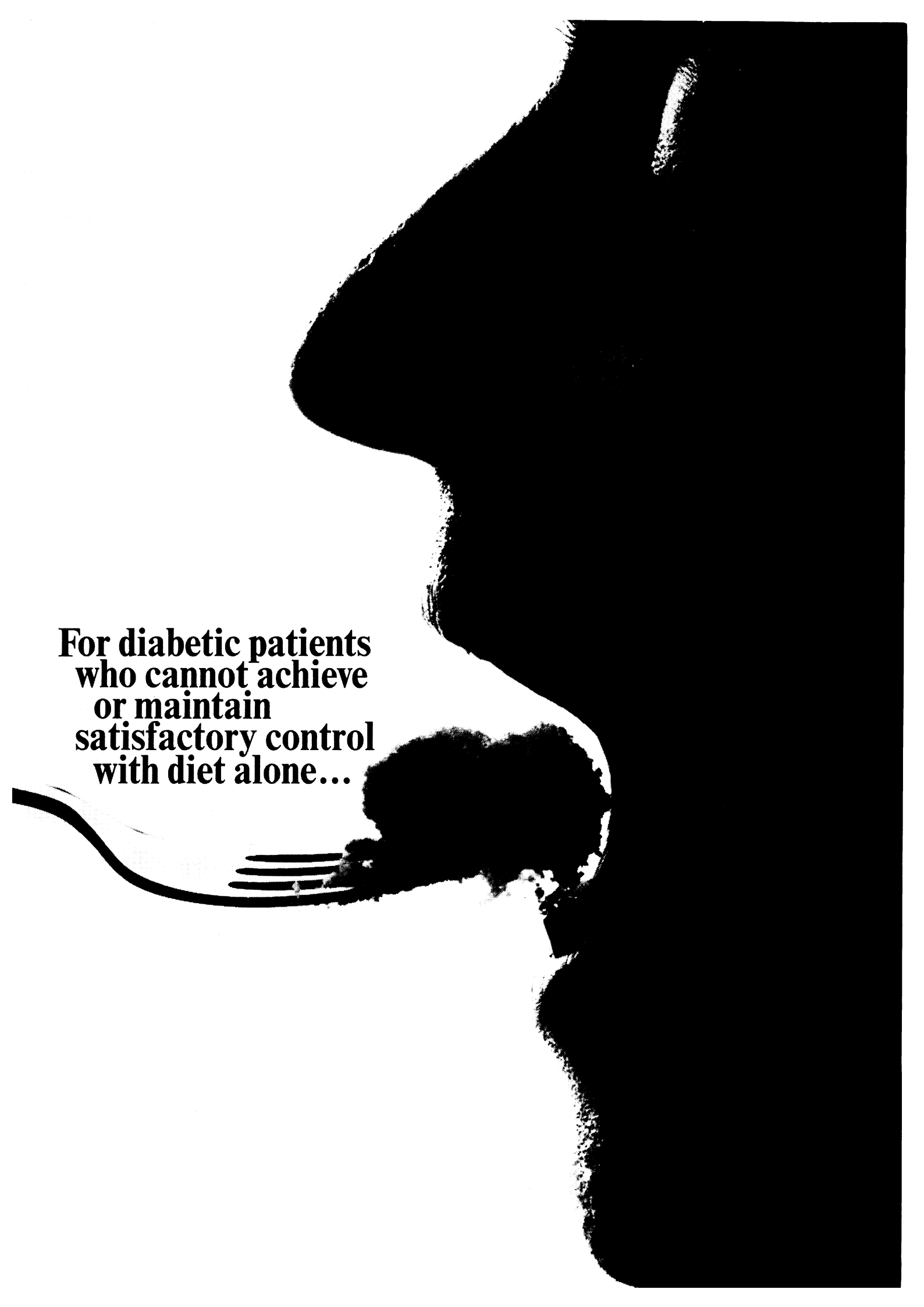
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SUPPLY: CAPSULES: 10, 25, 50 mg; SYRUP: 10 mg/5 ml hydroxyzine HCl. **DOSAGE:** ADULTS: Up to 100 mg. q.i.d. CHILDREN: Under 6 years: 30-50 mg. Over 6 years: 50-100 mg. Daily, in divided doses. **CONTRAINDICATIONS:** Not indicated in early pregnancy. **PRECAUTIONS:** Possible potentiation of meperidine, opiates, barbiturates, alcohol and other CNS depressants must be considered. Although therapeutic benefits

are reported in epileptics on Atarax, in rare cases increase in liability to seizures is observed; also involuntary motor activity in hospitalized patients on high dosages of the drug. **SIDE EFFECTS:** No serious side effects reported. Drowsiness in some patients, but usually transitory. Possible dryness of mouth at higher dosages. Atarax is also available in I.M. solution. *Full prescribing information on request.*

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M2674



**For diabetic patients
who cannot achieve
or maintain
satisfactory control
with diet alone...**

recently found no significant difference between indomethacin and acetylsalicylic acid in the treatment of osteoarthritis of the hip.

Our study was carried out to assess the therapeutic efficacy of indomethacin and acetylsalicylic acid in the treatment of acute musculoskeletal disorders. Indomethacin showed statistically significantly lower symptom scores than did placebo at varying times for pain on movement, local tenderness and limitation of movement. Acetylsalicylic acid also showed significantly lower symptom scores for local tenderness and limitation for the same time.

No side effects were noted with the use of indomethacin as compared with acetylsalicylic acid and placebo. Epigastric distress and dizziness occurred in the placebo and aspirin groups in two instances.

No hematological or biochemical changes were detected to indicate that short term therapy of either indomethacin or acetylsalicylic caused pathological changes in the bone marrow, kidney or liver.

The overall evaluation in the treatment of acute musculo-skeletal disorders showed that both indomethacin and acetylsalicylic acid could be

Table III: Duration of Treatment

	Days Until Acute Symptoms Resolved			Days Until Acute Symptoms Resolved		
	Placebo	Acetylsalicylic acid	Indocid	Placebo	Acetylsalicylic acid	Indocid
Median Values	10.0	8.0	9.0	14.0	11.0	13.5
No. of Patients Showing						
No. Effect	12/32	5/33*	5/34*	13/32	5/33*	5/34*

* Statistically significantly less than Placebo, $P < 0.05$

Table IV – Physician's Overall Evaluation

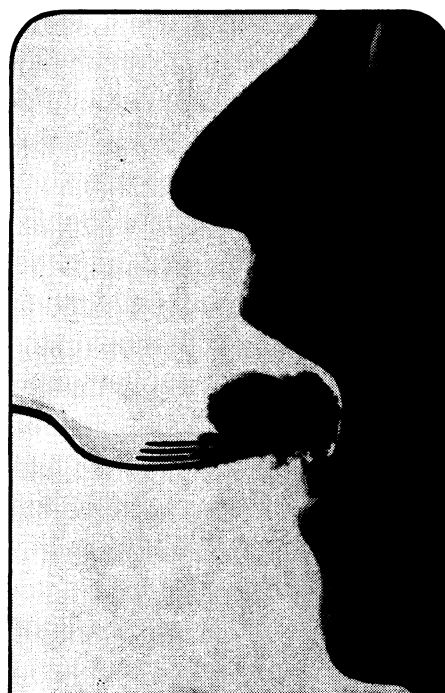
	Placebo	Acetylsalicylic acid	Indocid
None = 0	10	5	5
Slight Relief = 1	3	1	0
Moderate Relief = 2	4	2	3
Marked Relief = 3	7	13	12
Complete Relief = 4	8	12	14
TOTAL	32	33	34
MEAN	2.0	2.8*	2.9*

* Statistically significantly greater than Placebo, $P < 0.05$

Table V: Side Effects of Drugs

Side Effect	Placebo	Acetylsalicylic acid	Indocid
Epigastric Distress	2/32	0/33	0/34
Dizziness	0/32	2/33	0/34
Total with Side Effects	2/32	2/33	0/34

No statistically significant differences were found.



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of leadership in oral
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calm mind
deserves
a
calm hand

Phenothiazine and rauwolfia
tranquilizer therapy may cause
extrapyramidal symptoms.

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for all etiologic groups of parkinsonism

Contraindications: Children under 3 years of age, glaucoma.

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Where today's research is tomorrow's therapy

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equally useful in the management of these conditions.

Summary

The objective of this study was to assess the therapeutic efficacy of indomethacin and acetylsalicylic acid in the treatment of acute sprains, strains, tenosynovitis, etc., due to injury or accident. Indomethacin showed statistically significantly lower (i.e., better) symptoms scores than did placebo at varying times for pain on movement, local tenderness and limitation of movement. Acetylsalicylic acid also showed significantly lower symptom scores for local tenderness and limitation of movement at some of the same time periods as indomethacin. The physician's overall evaluation showed both indomethacin and acetylsalicylic acid to be statistically significantly better than placebo ($p < .05$). ◀

References

1. Shen, T.Y., Winter, C.A., et al.: *Am. Chem. Soc.* 85: 488, 1963.
2. Paul, W.D., and Stottman, M.P.: *Iowa Chapter, Arthritis & Rheumatism Foundation Medical Information Bulletin* 4: (3): 1-4 (March) 1963.
3. Hart, F.D., and Boardman, P.L.: *Brit. M.J.* 2: 965-970 (Oct) 1963.
4. Bilka, P.J., Wollheim, F., and Williams, R.C., Jr.: *Minnesot Med.* 47: 777-781 (July) 1964.
5. Morkel, G.F., *Current Therapeutic Research* 8: (4) - 179-186 (April) 1966.
6. Thompson, M., and Percy, J.S.: *British Medical Journal*: 80-83, Jan. 8, 1966.
7. Harth, M., and Bondy, D.C.: *Can. Med. Assoc. J.* 101: 311-316 (Sept) 1969.
8. Jacobs, J.H.: *Proceedings, Symposium on Anti-Inflammatory Drugs: 85A-85J, Minerva Medica, Turin, Italy, 1965.*
9. *Technometrics, J. for Am. Soc. for Qual control and Am. Statistical Soc.* 6: 243 April, 1964.
10. Norcross, B.M.: *Arthritis & Rheumatism* 6: 290, June 1963 (*In Soc. Proc.*)
11. Wanka, J. and Dixon, A.S.: *Ann. Rheum. Dis.*, 23: 288, 1964.
12. Zachariae, E.: *Nord. Med.*, 75: 384, 1966.

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The Department of Continuing Medical Education, McMaster University invites you to attend the regional programs in continuing medical education (approved for Section 1 Study Credits of the College of Family Physicians of Canada).

St. Catharines, Ontario

Every second and fourth Saturday of the month (September to April), at 10.00 a.m. to 12 noon, alternating between the St. Catharines General Hospital and Hotel Dieu Hospital.

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The second and fourth Thursday of the month (September to May), 8.30 a.m. at the Brantford General Hospital.

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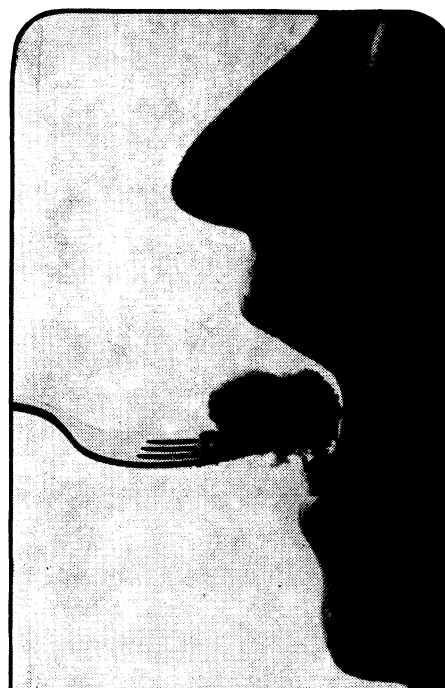
The third Saturday of the month (September to May) at 10.00 a.m. to 12 noon, at the Greater Niagara General Hospital.

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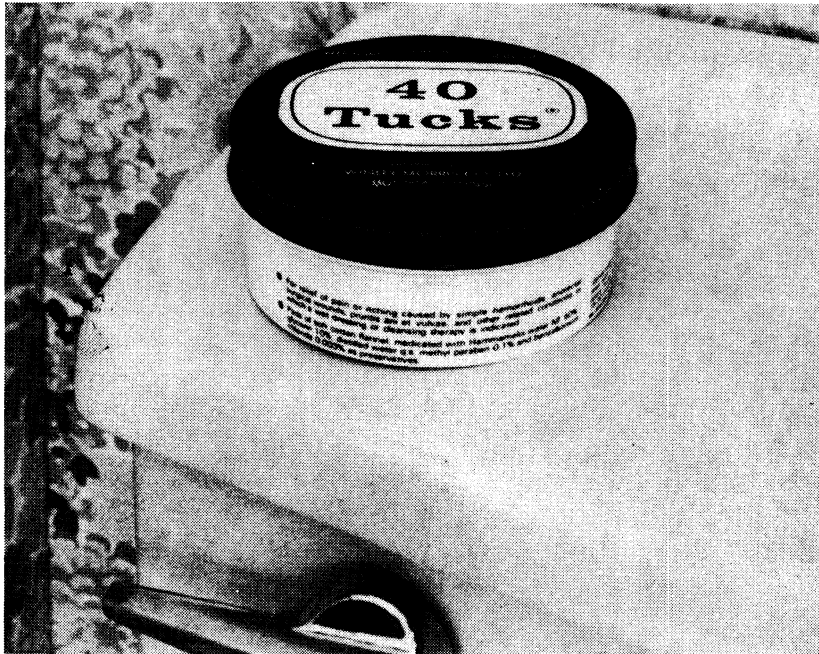
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Rx Summary: Indications: Functional and organic circulatory disorders and relief of accompanying symptoms or sequelae of peripheral circulatory disturbances.

Dosage: 1-2 tablets twice daily (morning and evening).

Supply: S.-c. tablets, 150 mg, 100 and 500. Detailed information on request.

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Supraspan^{*}
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You've just diagnosed bronchitis.

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You've decided to prescribe an antibiotic. You know that the causative pathogen is probably *Haemophilus influenzae*, staphylococcus, streptococcus or pneumococcus. You need an antibiotic that will work quickly with little risk of side effects. An obvious choice: Respiratory Spectrum Erythrocin. Erythrocin's spectrum blankets the organisms most often responsible for bronchial infections. Erythrocin works rapidly, and carries a reassuring 19-year safety record. A dosage form for every patient and every need. Available in Filmtab[†] tablets 250 mg. Injectable forms and, especially for children, cherry-flavoured Suspension and Drops, Filmtab 100 mg. and Chewable tablets 200 mg. (scored). Also available new Erythrocin Liquid 125 mg. per teaspoonful.

Respiratory Spectrum
Erythrocin*
erythromycin, Abbott

[†]Filmtab — Film-sealed tablet, Abbott



See next page
for brief summary.

*RD. T.M.

Erythrocin*

(ERYTHROMYCIN, ABBOTT)

prescribing information

Indications

Primarily for infections due to gram-positive cocci — staphylococci (most strains), pneumococci and streptococci (including enterococci). Active also against other pathogens, such as *Corynebacterium*, *Haemophilus*, *Clostridium*, *Neisseria*, and *Treponema pallidum*, the agents causing trachoma and lymphogranuloma venereum, and primary atypical pneumonia caused by *Mycoplasma pneumoniae* (Eaton agent). Establish susceptibility of pathogenic organism when practical. Maintain therapeutic levels for ten days in the treatment of streptococcal infections to help prevent rheumatic fever and glomerulonephritis. Also consider local measures or surgery whenever indicated.

Contraindications

Known hypersensitivity to erythromycin. I.M. preparation also contraindicated in patients hypersensitive to the "caine" type of local anesthetics.

Precautions, Side Effects

Occasionally abdominal discomfort, cramping, nausea or vomiting may occur; generally controlled by reduction of dosage. Mild allergic reactions, such as urticaria and other skin rashes, may occur. Serious allergic reactions have been extremely infrequent; if hypersensitivity is encountered, consider appropriate countermeasures, e.g., epinephrine, steroids, etc., and withdraw drug. The rare possibility of overgrowth of nonsusceptible organisms should be kept in mind; if it occurs, withdraw drug and institute appropriate treatment. Local venous discomfort, generally mild, may occur with I.V. administration. I.M. preparation is suitable for deep intramuscular administration only; restrict use in children with small muscle mass.

Administration and Dosage

I. ORAL: In adults with mild to moderate infections caused by readily-susceptible organisms 1.0 Gm. daily; more severe infections or those caused by less susceptible organisms 2.0 Grams daily; unusually severe infections up to 4 or more Gm./day. Daily dose in children is 15 to 25 mg./lb./day depending upon severity of infection. Daily dose should be administered in divided doses at 4 to 6 hour intervals. Continue treatment for at least 48 hours after symptoms have subsided and temperature has returned to normal. In fulminating or life-threatening infections, a parenteral form of erythromycin is preferred.

II. PARENTERAL: Intravenous administration may be continuous or intermittent (6 to 8 hour intervals); 1 to 4 Gm. daily in adults; 15 to 25 mg./lb./day in children, depending upon severity of infection. Recommended I.M. dose is 100 mg. (2 ml.) for adults, 50 mg. (1 ml.) for children 30 lbs or more and 1.4 to 1.8 mg./lb. in smaller children. Injections are usually given at 6 to 8 hour intervals; may be given at 4 to 6 hour intervals for severe infections.



*RD. T.M.



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Next Month

The March issue of **CANADIAN FAMILY PHYSICIAN** is devoted to Psychiatry. Technical articles will include: The Family Physician and the Prevention of Psychiatric Ills by Dr. R. O. Jones; Emotional and Psychosomatic Problems in Family Practice by Dr. G. T. Fiorini; and Dr. Andrew Malcolm's article on the drug scene — The Craving For the High.

In addition, the March issue will feature a review of developments at the University of Saskatchewan in its continuing series on Canadian medical schools, as well as the journal's monthly departments including Comment, Leisure, Reviews, Medical Digest and Practice Management.

Family Medicine Teaching Locums

For physicians who have an interest in teaching family medicine. June, July and August 1971 or any part thereof. Five days per week, second call one night in four and one weekend in four.

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Depo-Medrol

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- helps relieve pain
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In rheumatoid arthritis a single intra-articular injection of Depo-Medrol can bring relief from pain within 12 to 24 hours. Relief may last from three to four weeks or longer.

Dosage and Administration: Intra-articular, 10 to 80 mg, depending upon the size of the joint.

Caution: The usual precautions and contraindications to local corticosteroid therapy should be observed. Detailed information available on request.

Supplied: As methylprednisolone acetate, 20 mg/cc, in 1 cc and 5 cc vials; 40 mg/cc, in 1 cc, 2 cc, and 5 cc vials; and 80 mg/cc, in 1 cc and 5 cc vials.

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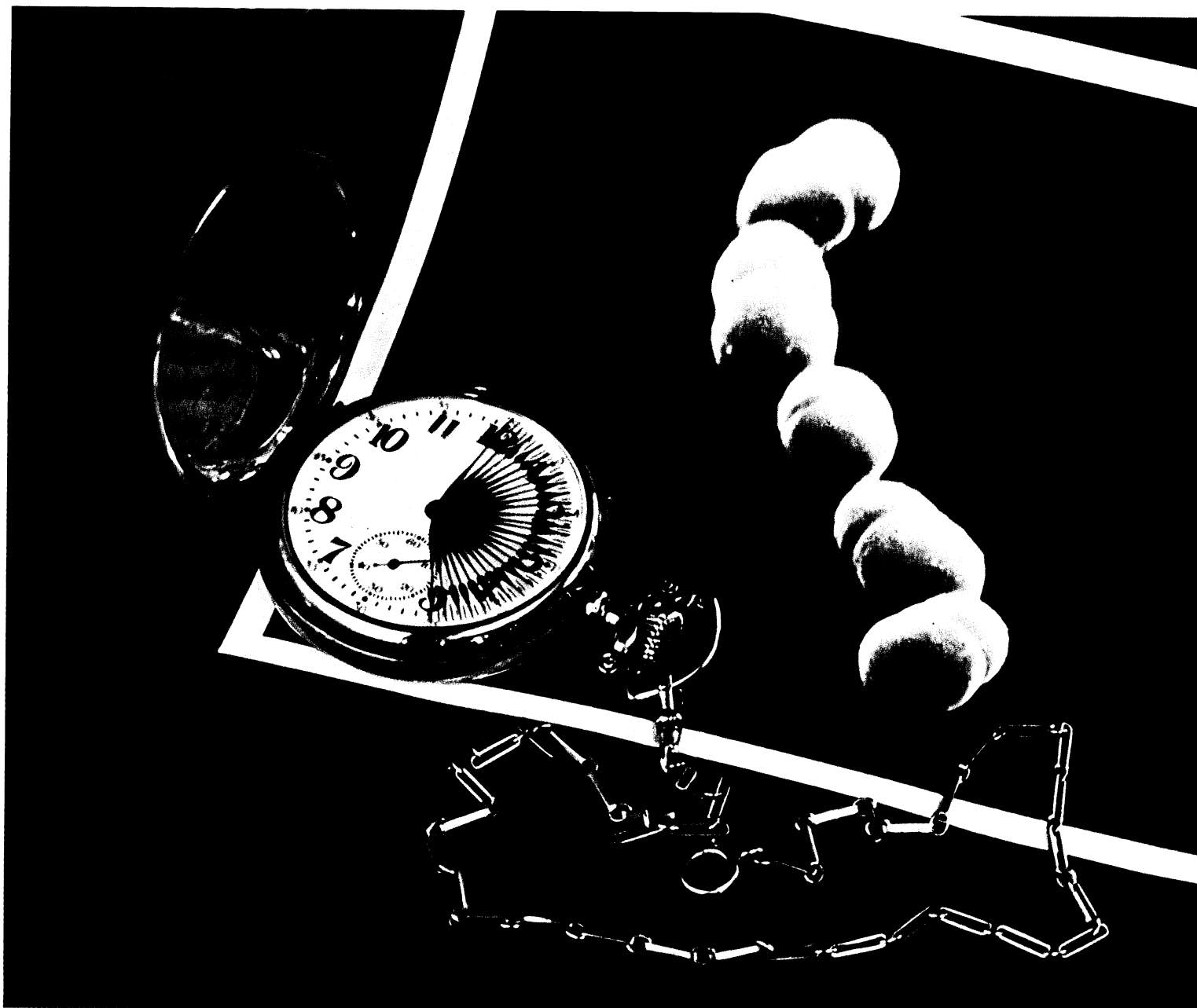


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provides up to 25 times the minimum bactericidal
concentration in 25 minutes

As rapidly as 25 minutes after a single dose of Dalacin C, serum levels achieved are up to 25 times the minimum bactericidal concentration for Streptococci.¹ At only 45 minutes from the first dose, antibacterial levels peak, and serum levels continue to be bactericidal until the next dose six hours later.

1. New Drug Application (1968), 9(a) (ii) Table 1, p. 9. Average serum level in twelve patients.

Indications: Dalacin C is indicated in infections caused by organisms susceptible to its action, particularly Streptococci, Pneumococci, and Staphylococci. As with all antibiotics, *in-vitro* susceptibility studies should be performed.

Dosage and Administration:

Adults—Mild to moderately severe infections: 150 mg. (one capsule) every six hours. Severe infections: 300 mg. (two capsules) or more every six hours. **Children** (over one month of age)—Average infections: 10 mg./kg./day (5 mg./lb./day) divided into three or four equal doses. Severe infections: 16 mg./kg./day or more if indicated by the clinical situation (8 mg./lb./day or more) divided into three or four equal doses. Dalacin C may be taken with meals since its absorption is not appreciably modified by ingestion of food.

Note: With β -haemolytic streptococcal infections, treatment should continue for at least 10 days to diminish the likelihood of subsequent rheumatic fever or glomerulonephritis.

Cautions:

Generally well tolerated. Usual antibiotic side effects—abdominal discomfort, loose stools or diarrhoea, nausea, vomiting. Transient neutropenia (leukopenia), or abnormalities in liver function tests have been observed in a few instances. Mild hypersensitivity reactions (skin rash and urticaria) have been observed on rare occasions.

Use with caution in patients with a history of asthma and other allergies. As with other antibiotics, periodic liver function tests and blood counts should be performed during prolonged therapy.

Not indicated in the newborn or in patients who have demonstrated sensitivity to lincomycin. Safety for use in pregnancy not established.

Availability:

Adults: 150 mg. Capsules—Each capsule contains clindamycin hydrochloride hydrate equivalent to 150 mg. clindamycin base. Supplied in bottles of 16 and 100.

Children: 75 mg. Paediatric Capsules—Each capsule contains clindamycin hydrochloride hydrate equivalent to 75 mg. clindamycin base. Supplied in bottles of 16 and 100.

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The College of Family Physicians— An Interview With the Executive Director

The College's sophisticated and searching Certification exam will continue to be a major focus of activity. In an interview with CANADIAN FAMILY PHYSICIAN's editor, executive director Dr. Donald I. Rice explains this and other aspects of the College — and expresses his views of Canadian family practice, today and tomorrow.

Woods — *Can you give me a capsule history of the College's development — and some indication of what it is likely to achieve in the next five years?*

Rice — The College was initially conceived to provide a stimulus to family doctors to keep-up-to-date through continuing medical education, and during the early years the College's major activity was directed primarily to this objective. In the interim a good deal of attention has been directed to understanding somewhat better the many factors that contribute to family physicians leaving practice and to what appears to have been until recently a disinterest on the part of medical students to choose family practice as a career.

A study of these factors brought us face to face with the acknowledgment that, as the philosophy of our medical schools changed toward producing basically trained "undifferentiated" doctors, the family practitioner was no longer being trained for his responsibilities in the community. This prompted the College to concentrate on initiating changes at the undergraduate level of medical education that would provide the students with an exposure to the concepts of family medicine and to the family physician as a teacher. To me, the most rewarding development that has taken place in recent years has been the willingness by most of our medical schools to implement these changes. Having introduced the undergraduate student to family medicine, our attention was then directed towards training the family physician at the graduate level as a specialist in family medicine. The promotion of residency training programs in family medicine leading to

Certification has now become a major College activity.

During the next five year period, I see a refinement of present training programs in family medicine at both the undergraduate and graduate levels. The present interest on the part of medical students to take residency training in family medicine, together with the interest by family physicians now in practice to become certificated, will continue to make the College's Certification program a major activity.

I believe that we will see a major change in the ratio of family physicians to consulting specialists. While it is premature at this time to project current trends an increasing number of medical graduates are choosing careers in family medicine. In several medical schools the numbers represent 60-70 percent of a graduating class. An increase in the number of family physicians trained to work with other health professionals in a group setting will constitute the major change in Canadian medicine during the next five years.

Woods — *The philosophy of Canadian medical schools has been to exclude family medicine from the curriculum. Do you see any evidence that this attitude is changing and, if so, what has been the College's contribution to this change?*

Rice — The change in the philosophy of medical schools during recent years has been dramatic insofar as curriculum is concerned. This change includes the teaching of family medicine by family physician teachers. This change became apparent following two national conferences held in

His parents say:
"Unmanageable, clumsy,
destructive..."

His teachers say:
"Overactive, easily distracted,
impulsive..."

Physicians would say:
"FBP*, MBD*, MCD*,
or HYPERKINESIS..."

Whatever the terms used
to identify the affliction, many
investigators confirm that
Ritalin, as an adjunct to
special educational measures and
specific parental attitudes,
helps control the child's hyper-
activity, increase his verbal
productivity and attention span,
improve his behaviour and
learning abilities.

*FBP — Functional Behaviour Problems
MBD — Minimal Brain Dysfunction
MCD — Minimal Cerebral Dysfunction

Ritalin
helps 'the problem child'
become lovable
again.

INDICATIONS

Oral: In functional behaviour problems in children (hyperactivity, stuttering, etc.)

DOSAGE

Oral: In hyperkinetic children: start with small doses (e.g. 5-10 mg. t.i.d.) with gradual increments of 5-10 mg. weekly. Dosage should be individualized on the basis of factors such as age, body weight and individual response. Daily dosage above 60 mg. is not recommended.

SIDE EFFECTS

Nervousness or insomnia, if present, can be avoided by dosage-reduction or by omitting Ritalin in the afternoon. Reports note a few cases of anorexia, dizziness, headache,

palpitations, drowsiness, skin rash, overt psychotic behaviour and psychic dependency.

CAUTIONS

Not recommended for severe depressions, except in hospital under close supervision. Patients with agitation may react adversely. Use cautiously in the presence of marked anxiety or tension. Ritalin may potentiate the effect of pressor agents; exercise care in use with epinephrine, levarterenol, or angiotensin amide. While oral Ritalin has little or no effect on normal blood pressure, use cautiously in patients who have hypertension. Ritalin is stable indefinitely in lyophilized form but should be used within 2 months after the solution is prepared. Do not inject Parenteral Solution

through tubing or a syringe which contains a barbiturate or strongly alkaline solution, since a heavy precipitate is formed.

CONTRAINDICATIONS

Glaucoma, epilepsy.

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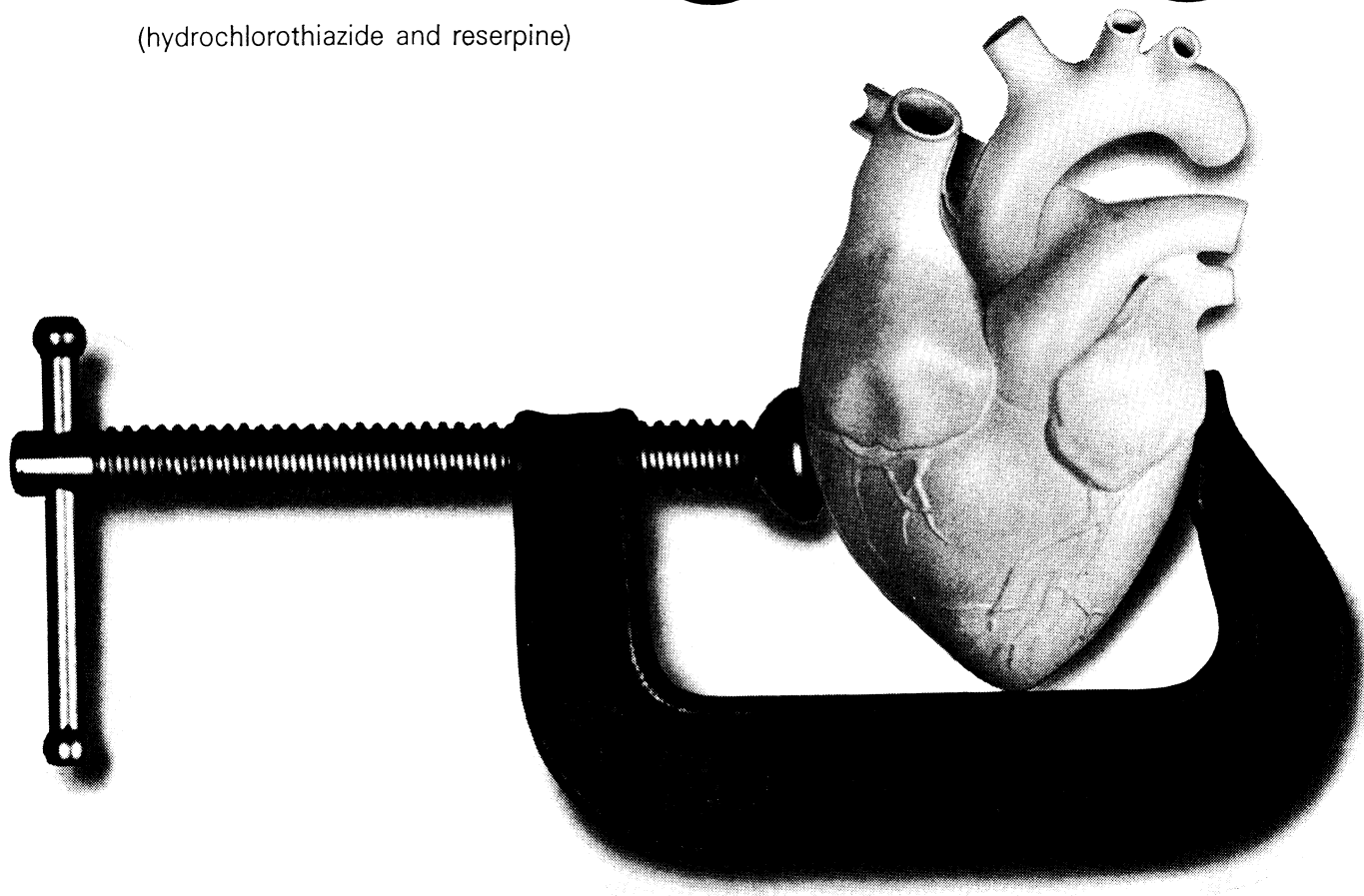
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HYDROPRES* is a simple preparation—a basic formulation of reserpine and hydrochlorothiazide for a smooth, gentle drop in blood pressure and alleviation of emotional stress.

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Indications: HYDROPRES* tablets (containing hydrochlorothiazide MSD Std. and reserpine) are indicated in mild to severe hypertension. The combined use of hydrochlorothiazide and reserpine will sometimes reduce the blood pressure when either compound alone is without effect. Particularly in patients with sodium and water retention, HYDROPRES* helps to correct fluid imbalance. It produces mild sedation that is tranquilizing but not hypnotic, thus helping to control emotional fluctuations of blood pressure. It counteracts tachycardia that may accompany high blood pressure, permits less rigid dietary salt restriction, and when the anginal syndrome accompanies high blood pressure, it may become less severe or even disappear with control of the hypertension. In many cases, even of severe degree, HYDROPRES* alone may control the blood pressure. If a greater antihypertensive effect is required, more potent drugs can be added in comparatively small dosage and with smoother control.

Dosage Summary: The usual adult dosage ranges from 25 mg. once a day to 50 mg. b.i.d. per os. Within this range the dosage is increased or decreased according to the blood pressure of the patient.

Contraindications: Anuria; discontinue if increasing azotemia and oliguria occur during treatment of severe progressive renal disease; electroshock therapy, at least seven days should elapse between discontinuance of reserpine and initiation of electroshock therapy; in persons known to be sensitive to hydrochlorothiazide or reserpine; active peptic ulcer; ulcerative colitis; active mental depression especially with suicidal tendencies; nursing mothers (See also Usage in Pregnancy and the Child-Bearing Age under WARNINGS).

Warnings: Special caution is necessary in patients with impaired renal function to avoid cumulative or toxic effects. In hepatic cirrhosis, minor alterations of fluid and electrolyte balance may precipitate coma. There is possibility of sensitivity reactions in patients with a history of allergy or bronchial asthma. Dosage of other antihypertensive agents, especially the ganglion blockers, must be reduced by at least 50 per cent as soon as hydrochlorothiazide is added to the regimen. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported. HYDROPRES* should be discontinued at the first sign of mental depression. A probable association exists between the use of coated tablets containing potassium salts, with or without thiazide diuretics, and the incidence of serious small bowel ulceration. Such preparations should be used only when adequate dietary supplementation is not practical, and should be discontinued if gastrointestinal disturbances occur. *Usage in Pregnancy and the Child-Bearing Age:* Since HYDROPRES* appears in breast milk, if use of the drug in nursing mother is deemed essential, patient should stop nursing. Thiazides and reserpine cross placental barrier and appear in cord blood. When the drug is used in women of child-bearing age, its potential benefits should be weighed against possible hazards to the fetus.

Precautions: Hydrochlorothiazide: Check carefully for signs of fluid and electrolyte imbalance particularly when patient vomits excessively or is receiving parenteral fluids or electrolyte intake is inadequate. Although potassium loss usually is not excessive, hypokalemia may develop, especially with brisk diuresis, in severe cirrhosis, or concomitant corticosteroid or ACTH administration. Digitalis therapy may exaggerate metabolic effects of hypokalemia especially with reference to myocardial activity. Hypochloremic alkalosis occurs infrequently and is rarely severe. Unduly restricted dietary salt may complicate thiazide therapy. Hypokalemia may be avoided or treated by use of potassium chloride or foods high in potassium content; similarly chloride deficit by ammonium chloride or near normal salt intake, or both (except in cirrhotics). Thiazide drugs may increase responsiveness to tubocurarine. The antihypertensive effect of the drug may be enhanced in the post sympathectomy patient. Arterial responsiveness to norepinephrine is decreased, necessitating care in surgical patients. Discontinue 48 hours before elective surgery. Orthostatic hypotension may occur and may be potentiated by alcohol, barbiturates, or narcotics. Caution is necessary in patients with hyperuricemia since gout may be precipitated. Insulin requirements in diabetics may or may not be altered. Thiazides may produce hyperglycemia and glycosuria in latent diabetics.

Reserpine: should be used cautiously in patients with a history of peptic ulcer, ulcerative colitis or other gastrointestinal disorders. May precipitate biliary colic in patients with gallstones or bronchial asthma in susceptible persons. May cause hypotension, including orthostatic. Should be discontinued two weeks before giving anesthesia. For emergency surgical procedures, vagal blocking agents parenterally may be needed to prevent or reverse hypotension and/or bradycardia. Anxiety or depression as well as psychosis, may develop. Extreme caution should be used in treating patients with history of mental depression and possibility of suicide should be kept in mind. Caution should be exercised when treating hypertensive patients with renal insufficiency or with coexistent coronary disease. Use reserpine cautiously with digitalis and quinidine; cardiac arrhythmias have occurred.

Adverse Reactions: Hydrochlorothiazide: Rare reactions to thiazides include thrombocytopenia, leukopenia, agranulocytosis, aplastic anemia, jaundice. Azotemia may be precipitated or increased. Nausea, vomiting, diarrhea, dizziness, vertigo, paresthesias, purpura, rash, urticaria, photosensitivity or other hypersensitivity reactions may occur. Cutaneous vasculitis precipitated by thiazide diuretics has been reported in elderly patients on repeated and continuing exposure to several drugs. Scattered reports have associated thiazides with pancreatitis, xanthopsia, neonatal thrombocytopenia, and neonatal jaundice. Whenever adverse reactions are moderate or severe, reduce dosage or withdraw thiazide.

Reserpine: The reactions most often reported include: excessive sedation, nightmares, nasal congestion, conjunctival injection, enhanced susceptibility to cold, muscular aches, headache, dizziness, dyspnea, anorexia, nausea, increased intestinal motility, diarrhea, weight gain, nervousness, paradoxical anxiety, vomiting, bradycardia, mental depression, nervousness, epistaxis, purpura due to thrombocytopenia, angina pectoris and other direct cardiac effects (e.g., premature ventricular contractions, fluid retention, congestive failure), and central nervous system sensitization, manifested by dull sensorium, deafness, glaucoma, uveitis, and optic atrophy also have been noted. In some patients reserpine has produced a syndrome similar to Parkinson's disease, though this effect usually is reversible with decreased dosage or discontinuance of therapy.

Detailed information on dosage, administration, precautions and bibliography is available on request.

How Supplied: Tablets HYDROPRES*-25 and HYDROPRES*-50, 25 or 50 mg. each of hydrochlorothiazide and 0.125 mg. of reserpine, are supplied in bottles of 100 and 1000. (MC-677)

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EDITORIAL THEMES FOR 1971

January

General Medicine (with special reference to rheumatism and arthritis)

February

Pediatrics

March

Psychiatry

April

General Medicine (with special reference to neurology)

May

Obstetrics and Gynecology

June

Pediatrics

July

General Medicine (with special reference to geriatrics)

August

Adolescent Psychiatry

September

Obstetrics and Gynecology

October

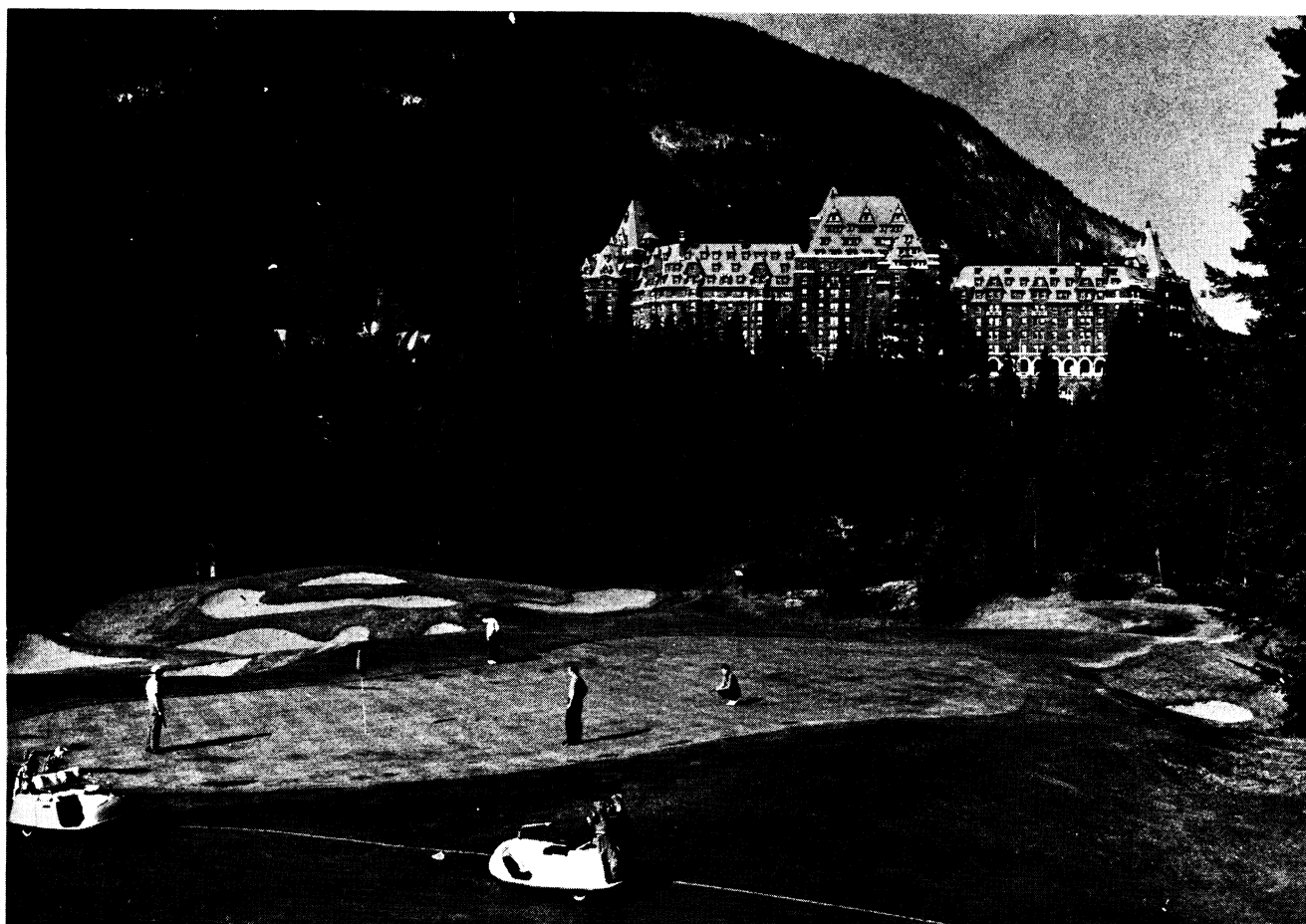
General Medicine

November

Cardiopulmonary Disease

December

Surgery in Family Practice



Education and the Family Physician

The Theme For

The 15th Annual Scientific Assembly

The College of Family Physicians of Canada

At The

Banff Springs Hotel

Banff, Alberta

September 13 to 16, 1971

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of special flight
arrangements with
CP Air—See page 22.**

**Further information
about the scientific
and social program
will appear in the
March issue of
CANADIAN
FAMILY
PHYSICIAN**

Leisure

Collecting and Restoring Early Canadian Furniture

D. W. McLENNAN, MD

In this the fifth in a series on leisure activities of Canadian physicians, College member Dr. McLennan of Grimsby, Ont. writes about how he got started — and deeply involved — in collecting Canadian antiques.

ANTIQUE fever may start with something as simple as a Captain's Chair. At least that's how it happened in our family. The medical office contained an old painted high-backed armchair that was very comfortable but a little incongruous with modern furnishings. In a weak moment I took it home, then stripped it of many colorful layers of old paint. Finally it was sanded and refinished in its natural color. The story should have ended there — but it didn't.

Well-meaning people commented on what an attractive chair it was. Gradually we learned that it was called a Captain's Chair — that it was of Canadian origin, and that it was made at about the turn of the century. What then could be more natural than to acquire another piece to determine if the first success had been merely a fluke?

Soon the basement, the attic, and the garage were full of Canadian antiques awaiting repair and refinishing. Within two years, much of our contemporary furniture had been replaced, several rooms were completely refurnished using "new" old pieces. A new room was built to accommodate several large acquisitions that would not fit elsewhere. We still compulsively search each new antique shop or auction for even more pieces. You see, it becomes an addiction!

Functional And Beautiful

As with most addicts, antiquers readily rationalize their cravings. First of all, antique furniture is functional and beautiful. I do not mean to imply that all pieces built 100 years ago were functional and beautiful, but as a rule only those that were so have survived to this time. They are well-built and have been used and loved by several generations. With the passage of years, they have acquired a glow and character not seen in new furniture.

Second, the pieces have an intrinsic value. Nobody makes dry sinks, dough-boxes, or blanket chests anymore. Thus, the collector feels that he is personally preserving some of our Canadian heritage.

And third, this furniture appreciates in value as it ages. The chrome and arborite kitchen set bought a mere five years ago would realize little or nothing if sold now. Each mark and scratch devaluates the set. The pine harvest table and a set of arrow-back chairs that serve the same function increase in value every year — and the marks and wear only enhance their charm. Finally, there is an indefinable satisfaction in rescuing a forsaken, neglected cupboard or table and restoring it to its original beauty.

I like to compare furniture to the three ages of man. When young, it is beautiful but rather lacking in character and charm. In middle age, it tends to look just that. However, in the fullness of time, like an old sailor, it acquires a dignity and patina that overshadows the infirmities that age brings.

Antique furniture is easy to live with. As it has passed "middle age", one no longer worries about the scratches and dents that wear inflicts. The knocks and bruises caused by the children simply add more character, and can be welcomed, or at least forgotten, rather than being the cause of a spanking. No need to worry about cigarette burns or heel marks here! They are all absorbed without apparent harm and all the while the value increases. Who could ask for more?

Related Pursuits

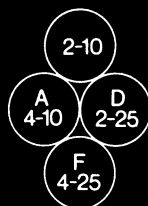
One of the wonderful benefits of antiquing is that it draws the family together and leads to other related pursuits. A pine commode looks much prettier with some color to set it off,



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Etrafon is indicated in patients with anxious or agitated depression. It is particularly indicated in patients with depression associated with marked psychomotor unrest and anxiety. It has also been found useful in some schizophrenic patients who have associated symptoms of depression. Etrafon (perphenazine and amitriptyline) has been used in depressed patients suffering from marked agitation, anxiety and tension, which may respond to a phenothiazine agent.

USUAL DOSE:

In prescribing Etrafon, the recommended indications, management considerations, dosage schedules and attention to tolerance and response that are normal practice in using each of the combined drugs, perphenazine and amitriptyline, should be borne in mind.

Initial Dosage

In ambulatory depressed patients, when anxiety and/or agitation are of such degree as to warrant combined therapy, one tablet of Etrafon-D (2-25) or Etrafon-F (4-25) three or four times a day is recommended, depending on the severity of the agitation and anxiety. In the more severely ill patients with schizophrenia and associated symptoms of depression that may benefit from amitriptyline, Etrafon-F (4-25) is recommended in an initial dose of two tablets three times a day. If necessary, a fourth dose may be given at bedtime. The total daily dose should not exceed nine tablets.

In elderly patients and adolescents, and other patients as indicated, one tablet of Etrafon-A (4-10) or Etrafon 2-10 may be administered three or four times a day for the initial dosage and then adjusted if required to produce an adequate response.

Maintenance Dosage

Depending on the condition being treated, the onset of therapeutic response may vary from a few days to a few weeks or even longer. After a satisfactory response is noted, dosage should be reduced to the smallest amount necessary to obtain relief from the symptoms for which Etrafon is being administered. A useful maintenance dosage is one tablet of Etrafon-D (2-25) or Etrafon-F (4-25) two to four times a day. In some patients, maintenance dosage is required for many months.

Etrafon 2-10 and Etrafon-A (4-10) can be used to increase flexibility in adjusting maintenance dosage to the lowest amount consistent with relief of symptoms.

PRECAUTIONS:

Perphenazine and amitriptyline may potentiate the effect of other drugs with central nervous system action and therefore caution is required if it is necessary to give these agents with Etrafon. Patients should be observed for any signs or symptoms of blood dyscrasias.

Since hypotension, disturbances of conduction and other cardiovascular effects may occur, Etrafon should be used with caution in elderly patients and in those patients where cardiovascular effects may be undesirable.

Contraindicated in patients with glaucoma or with urinary retention. For patients who have received monamine-oxidase inhibitor drugs, allow two weeks or longer to elapse before initiating Etrafon therapy.

Since an appropriate children's dosage has not been established, Etrafon is not recommended for use in children.

ADVERSE REACTIONS:

The most common adverse reactions due to the perphenazine component of Etrafon are insomnia, blurred vision, dryness of the mouth, increased weight gain and extrapyramidal effects.

The most common adverse reactions due to the amitriptyline component of Etrafon are dryness of the mouth, orthostatic hypotension, increased appetite and weight gain, precipitation of latent or aggravation of existing glaucoma and urinary retention particularly in patients with prostatic hypertrophy.

The potentiation of C.N.S. depressants such as opiates, analgesics, antihistamines, barbiturates and alcohol can occur with phenothiazine and this should be kept in mind.

Product Monograph available on request from

SCHERING

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that the prospective purchase will, in fact, fit in the area for which it is intended. I once bought a corner cupboard that would not enter the house by any door or window that existed. It did fit into the new den that we happened to build shortly after we bought the cupboard — even though the den had to be erected around it. But that is another story altogether.

The collector must be governed by the type of house he lives in. The older, gracious homes with ten-foot ceilings will accommodate anything that one is likely to buy. However, the owner of a ranch, or split-level home will have to content himself with the more compact antiques. Such items as the smaller dry sinks, dough boxes, chests of drawers, cradles, chairs and kitchen tables — all lend themselves to the modern home. Although early furniture can be blended with modern, I think that a whole room done in the early style is more charming.

Repairing

The subject of repairing early furniture is really too complex to deal with in this article. The problems are so individual that even reference texts all too often refuse to yield an answer. A fairly complete workshop is a great help. It is also important to collect old wood to use for the repairs. Some collectors buy worthless old junk just to get the aged wood for repairing more valuable pieces.

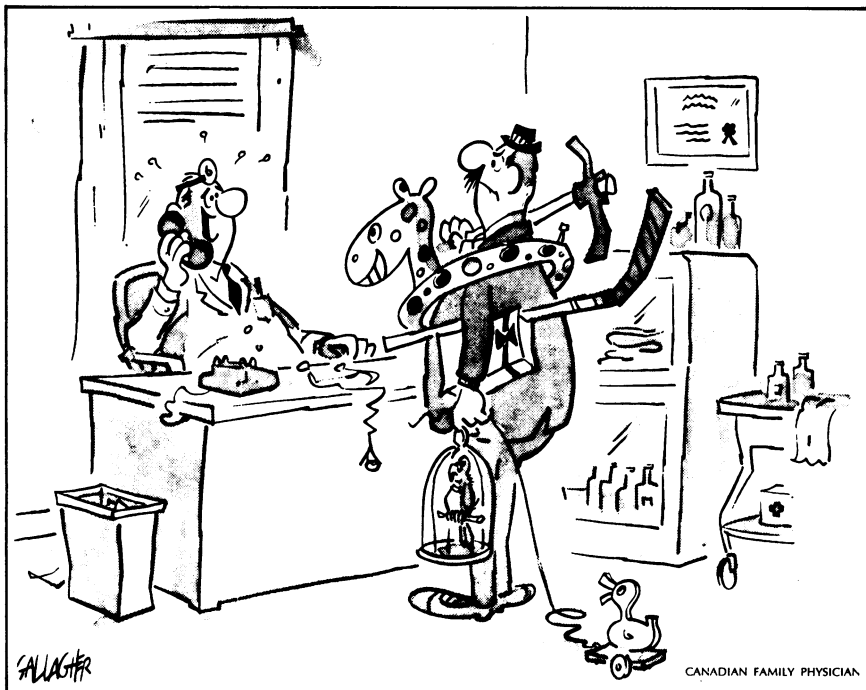
Replacing lost or broken hardware

is the most difficult problem of all. Most antique dealers are reluctant to part with their hinges, knobs, or locks, because they need them for their own repairs. Fortunately, there are now places where excellent reproductions can be obtained. At the "Pillar and the Post" in Niagara-on-the-Lake, a blacksmith turns out an excellent selection of nails, wrought-iron hinges, thumb-latches, etc. He will also make up pieces to order. Antique Hardware, at 24 Birch Avenue, Toronto 7, also deals in these items. Square nails can often be obtained from old houses or barns that are being wrecked. Wide old pine boards can also be found here. A renovation at our office yielded several hundred square nails, and 100 feet of 20-inch wide pine boards. Considering that these nails fetch about a dime a piece, and the boards are virtually unobtainable, it was a valuable find!

Refinishing

Refinishing your acquisitions is a very satisfying pastime. I cannot stress too strongly the value of taking a picture before and after restoration. This practice also helps to establish the authenticity and age of the article. For simplicity, I will describe the method that I generally use to refinish an antique:

1. *Stripping.* First of all, the old finish is generally removed. The easiest and best way is to use a chemical solvent such as Polystrippa. This is best used in a well-ventilated area. It will soften two or three layers of paint



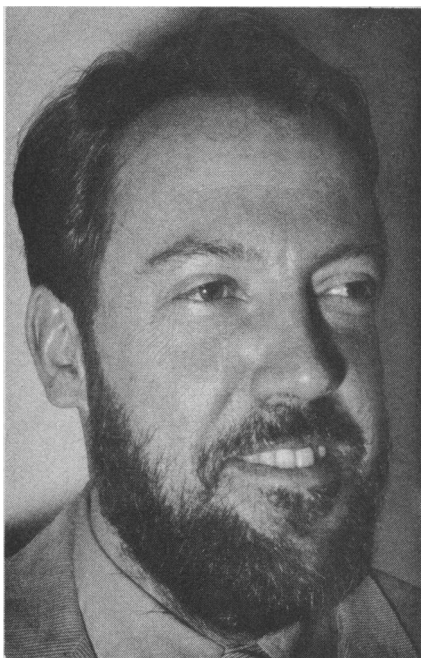
"Hello, Ajax pharmacy? I understand you had some difficulty reading my handwriting . . ."

or varnish at a time, and this can be removed with a putty knife. The process is repeated until bare wood is reached. I like to leave the old paint in the holes and cracks of the wood. This shows traces of the ancestry of the piece and also provides some color highlights. The wood is then sanded lightly to provide an even satin finish.

Some people recommend the use of paint scrapers or broken glass to remove the old finish. I mention this practice only to condemn it. This process removes the patina and leaves a rough, scarred finish that requires too much sanding.

2. *Repairs* After the repairs are completed, any variations in the shades of the wood used can be touched up with stains.

3. *Refinishing* Although many purists will disagree, I use urethane almost exclusively. This material is a plastic varnish commonly sold under the trade-name Varathane. Urethane is easy to apply, dries dust-free in one-half hour, and resists even alcohol and water stains. It does not crack or craze and, if struck, it merely dents with the wood. It is available in both satin and gloss finish. Three coats are a minimum, and I like to use five on a top surface or areas of heavy wear. A light sanding is required between each coat.



Dr. McLennan, a College member, is in group practice in Grimsby, Ont.

After the last coat, an excellent result can be obtained by rubbing in floor wax using the finest grade of steel wool.

The drawbacks to a urethane finish are that it is not "authentic", and it is most difficult to remove. Therefore, it is as well to be completely happy with

your stripping and repairs before the urethane is applied.

There are many other finishes such as wax, varnish, etc. They are all hard work and require continuing care. I suspect that urethane has made them obsolete for the average hobbyist.

I hope that this article will stimulate in some of CANADIAN FAMILY PHYSICIAN'S readers an interest in antiques. In others, perhaps it will help explain the addiction of the collector. While I was flattered to be asked to write on this subject, it is acknowledged that others are much better qualified. Dr. Clark Noble of Richmond Hill is a collector and authority of renown. He has written the foreword to an excellent book on this subject titled *A Guide to Pre-Confederation Furniture of English Canada* by Don R. Stewart (Longmans).

Other useful books include *Antiques in Ontario* by Doris & Peter Unitt; *Unitts Price Guide to Canadian Antiques*; *The Furniture Doctor* by George Grotz (Doubleday); *The Complete Book of Furniture Repair and Refinishing* by Ralph Parsons Kenney (Scribners). Finally, a beautiful classic book in the coffee-table style is *The Early Furniture of French Canada* by Jean Palardy.

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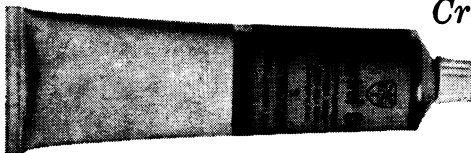
In atrophic vaginitis, Dienestrol Cream works on the vaginal epithelium—that's one place where wrinkles are a sign of vitality.

After a course of treatment with Dienestrol Cream the improvement of the atrophic vagina is evident in a thicker mucosa and reappearance of rugae. ♣ These wrinkles are a welcome clinical sign that treatment is effective. Another welcome

wrinkle is the patient's smile of relief as the itching, burning, painful symptoms of vaginitis disappear.

♣ *Soothing, soft, snow-white*

Dienestrol Cream builds vaginal epithelium without the side effects often seen with systemic estrogen therapy. The integrity of the vaginal mucosa can be maintained through long-term use of small amounts of Dienestrol Cream one to three times a week.



Ortho Dienestrol Cream

TRADEMARK

DIENESTROL 0.01%

Contraindications: Malignancies or precarcinomatous lesions of the vagina or vulva. **Precautions:** In pruritus vulvae due to infectious conditions, the organism responsible for the infection should be treated with a specific agent.

Dosage: One or two applicatorfuls per day for one or two weeks, then gradually reduced to one-half initial dosage for a similar period. A maintenance dosage of one applicatorful, one to three times a week, may be used after restoration of the vaginal mucosa has been achieved.

Detailed information on request.

ORTHO PHARMACEUTICAL (CANADA) LTD., Don Mills, Ontario

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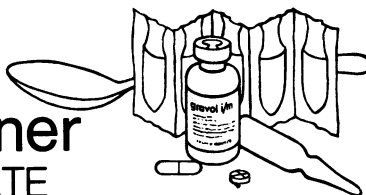
Severe upsetting pain

Why Gravol?

Because of its effectiveness and wide range of dosage forms, doctors have long recognized the value of GRAVOL in controlling nausea and vomiting associated both with pain itself and with medications to relieve pain. The time-proved safety and lack of side effects of GRAVOL make it the most widely accepted antinauseant for use with other medications in situations of this kind. And as an antinauseant alone, GRAVOL is still unsurpassed.

Gravol Horner
DIMENHYDRINATE

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What's best for her?

In the matter of conception control, all women have the same need—a contraceptive method that is proven effective, safe, and practical. Yet every woman is different—with individual preferences, opinions, questions.

Therefore, when your patient looks to you for the method of pregnancy prevention that's best for her...

consider the alternatives

Saf-T-Coil Intrauterine Device

Ramses Flexible Cushioned Diaphragm

Ramses "10-Hour" Vaginal Jelly

Immolin Vaginal Cream-Jel

(spermicidal for effective use without a diaphragm)

XXXX (Fourex), Ramses and Sheik Prophylactics



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providing better means for family planning for almost a century
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NEULEPTIL

pericyazine

is more and more appreciated in GENERAL PRACTICE for the control of **hostility, aggressiveness and impulsiveness** in the psychologically unbalanced, neurotic, "difficult" geriatric patients, "problem" adolescents, alcoholics, epileptics — after emotional shock — in reactive psychological changes of sexual life in women.

dosage forms: capsules of 5 and 10 mg

usual starting dose: 5 mg at midday, 10 mg in the evening; elderly patients: 5 mg per day

contraindications: circulatory collapse, coma

precautions: caution should be exercised in elderly patients, in cases of glaucoma or prostatic hypertrophy; if CNS depressants used in association, reduce the doses by half

side effects: at the beginning of treatment, drowsiness, reactions of the ANS, psychomotor troubles may appear but are transient; possibility of side effects due to phenothiazines

overdosage: no specific antidote; gastric lavage or administration of an emetic, symptomatic treatment

complete information upon request

poulenc

MEMBER

PMAC

Votre patient souffre d'une grave infection. Le diagnostic n'est pas encore complété. Tout délai peut porter à conséquence.

Quelle est la solution la plus fiable? Céphaloridine BDH.

C'est un bactéricide efficace dans un grand nombre d'infections. La plupart des patients hyperallergiques à la pénicilline la supportent bien. Elle est fortement bactéricide contre les staphylocoques pénicillo-résistants.

Elle ne provoque pas de réactions allergènes croisées avec d'autres antibiotiques. L'agglutination des protéines s'est révélée négligeable. La Céphaloridine BDH peut être administrée sans danger aux patients de tout âge.

La douleur et l'irritation causées par son injection sont

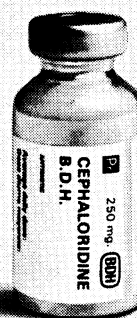
minimes. La prochaine fois que vous aurez besoin d'un antibiotique à "large spectre", pensez tout de suite à la Céphaloridine BDH.

BDH PHARMACEUTICALS

a Glaxo Canada Ltd. Company



L'antibiotique
qu'on utilise
jamais trop tôt.



Il n'est jamais trop tôt pour utiliser la Céphaloridine BDH.



Céphaloridine BDH.

DESCRIPTION: La céphaloridine B.D.H. est un antibiotique semi-synthétique dérivé d'un antibiotique de la même famille, la céphalosporine C, et se présente sous la forme d'une poudre cristalline hydrosoluble.

INDICATIONS: Les infections causées par les bactéries Gram positives suivantes: *Staphylococcus aureus*, *Streptococcus pyogenes*, *Streptococcus viridans*, *C. Diphtheriae* et *D. pneumococcus*, souches dont la plupart sont détruites, in vitro, par une concentration d'au plus 1 µg/ml. La plupart des souches de *E. Coli*, *Proteus mirabilis*, *Klebsiella spp.*, *H. influenzae*, *N. gonorrhoeae*, *N. catarrhalis* sont également détruites, in vitro, par une concentration de 8 µg/ml. Les infections où la pénicilline ne peut pas être employée: organisme pénicillino-résistant, infection probablement mixte, malade déjà sensibilisé à la pénicilline.

ADMINISTRATION: La céphaloridine B.D.H. est administrée par voie parentérale: injection ou goutte-à-goutte intraveineux. L'injection intramusculaire ou sous-cutanée profonde est la voie la plus couramment utilisée; elle est habituellement indolore, même si elle est répétée. De fortes doses administrées par goutte-à-goutte intraveineux n'ont pas provoqué de phlébite. On ne recommande pas l'injection intraveineuse d'une solution concentrée. La concentration maximum du médicament dans le sang survient 30 minutes environ après l'injection et elle se maintient à un niveau thérapeutique durant 6 à 8 heures.

POSOLOGIE: Un tableau permettant de calculer la posologie est inclus dans l'emballage. Administrée à raison de 20 mg/kg/jour, la céphaloridine détruit les microbes Gram positifs, tandis que les infections mixtes ou attribuables à des organismes Gram négatifs réagissent habituellement à 40 mg/kg/jour. On a déjà employé de plus fortes doses allant jusqu'à 100 mg/kg/jour dans certains cas: infection grave d'étiologie inconnue, endocardite lente, septicémie, infections postopératoires, ostéomyélite et péritonite. L'expérience clinique à l'aide de doses élevées étant restreinte, il est probablement imprudent d'administrer plus de 6 grammes par jour aux adultes et il faut surveiller étroitement le malade afin de dépister tout effet secondaire.

PRÉCAUTIONS ET CONTRE-INDICATIONS: L'expérience humaine avec la céphaloridine étant restreinte, on ne doit pas l'administrer à des femmes en âge d'enfanter à moins que le médecin juge qu'il est essentiel à la santé de la malade.

Il est nécessaire, au cours du traitement, de faire des épreuves de la fonction rénale et de la coagulation, et de mesurer le nombre des leucocytes et des plaquettes. Il faut surveiller étroitement la fonction rénale et les concentrations de céphaloridine chez les malades souffrant d'insuffisance rénale. Ce médicament, inefficace contre les protozoaires, les helminthes et les champignons, y compris *Candida albicans*, exerce une faible activité contre *M. tuberculosis*, *Brucella abortus*, *Ps. pyocyanea* et *Proteus*, à l'exception de *Proteus mirabilis*, ne sont pas sensibles à cet antibiotique et la sensibilité des souches de *Streptococcus faecalis* et d'*Aerobacter aerogenes* est variable. Règle générale, les organismes qui deviennent résistants à d'autres antibiotiques restent sensibles à la céphaloridine B.D.H.; c'est ainsi que les staphylocoques pénicillino-résistants sont habituellement sensibles à la céphaloridine B.D.H.

EFFETS SECONDAIRES ET TOXICITÉ: Des doses quotidiennes de 6 g de céphaloridine B.D.H. peuvent provoquer la formation, parfois accompagnée de protéinurie, de cylindres hyalins et granuleux dans l'urine, mais sans altérer la fonction rénale; ces effets disparaissent quand on cesse le traitement. On a rapporté de rares cas de neutropénie et d'agranulocytose temporaires, ainsi qu'une élévation passagère de la T.G.O.S. On a observé des éruptions cutanées bien qu'en général les malades hypersensibles à la pénicilline tolèrent bien ce médicament. On a fait mention de troubles rénaux associés à une posologie élevée ou survenant chez des malades atteints d'insuffisance rénale.

PRÉSENTATION: La céphaloridine B.D.H. est présentée en fioles de 250 mg, 500 mg et 1 gramme; boîte de 5 fioles.

d'être instituée et s'occupe presque exclusivement des enfants qui ont besoin d'appareils de correction du type "Milwaukee".

Hôpital-Ecole de Glenrose

À l'heure actuelle, des cliniques d'évaluation ont lieu deux fois par semaine et un nombre d'environ 185 enfants sont évalués chaque année. 75 pourcent environ des personnes ainsi évaluées recevront une forme ou l'autre de traitement à l'hôpital-école de Glenrose. Le nombre total des patients prenant part aux consultations données durant la journée atteint 196 l'année dernière. Glenrose a été conçu de manière à pouvoir abriter 180 enfants et, comme l'indiquent les chiffres ci-dessus, ce nombre a maintenant été dépassé. 800 patients environ suivent maintenant une forme ou une autre de traitement à Glenrose.

48 pourcent environ de ces patients souffrent d'une forme ou l'autre de paralysie par encéphalopathie, 4 pourcent environ sont paralysés et 17 pourcent environ ont plusieurs genres de maladies du système nerveux central y compris des maladies dégénérantes du système nerveux central. Cinq pourcent environ ont des maladies de la moëlle épinière et des nerfs périphériques, environ trois pourcent ont des maladies primaires des muscles et environ huit pourcent ont des problèmes affectant l'ouïe et la parole.

Le pronostic des enfants aux handicaps multiples dépend, bien entendu, de la sévérité de l'handicap et du degré d'indépendance auquel l'enfant pourra atteindre. Un jeune adulte-type qui a été frappé de paralysie par encéphalopathie est généralement une personne qui a un niveau d'éducation primaire, occupe un emploi facile, ne possède aucune indépendance financière, est célibataire, vit chez lui avec sa famille, s'occupe fort peu des affaires de la communauté et a peu d'amis. On a observé dans un large groupe de jeunes adultes frappés de paralysie par encéphalopathie que 22 pourcent environ s'étaient bien adaptés socialement et étaient employés à plein temps. Les quadriplégiques spastiques ou les personnes frappées de paralysie par encéphalopathie mixte avaient des occupations qui n'entraînaient aucune compétition.

Les chances offertes à ces personnes d'apprendre un métier sont insuffisantes. Il faudrait pouvoir leur offrir un choix de métier lorsqu'ils quittent Glenrose. Dans une société régie par le travail, ces jeunes gens seront relégués dans une institution s'ils sont incapables de gagner leur vie. Si on les aidait davantage dans ce sens, 60 pourcent d'entre eux environ pourraient jouer un rôle utile dans la société. Comme nous l'avons fait remarquer plus haut, le genre d'emploi que ces individus peuvent obtenir dépend avant tout de la sévérité de leur handicap et du degré d'indépendance qu'ils ont pu atteindre. Suivant une étude récente 83 pourcent d'hémiplégiques, 44 pourcent de diplégiques et 36 pourcent de personnes atteintes d'athétose pouvaient exercer un métier. La possibilité d'employer ces jeunes personnes varie de 50 à 85 pourcent. En général une personne handicapée fait preuve d'immaturité et de manque de réalisme. C'est probablement là le résultat du milieu protecteur où elle a vécu avant d'atteindre le marché du travail. Les personnes qui s'occupent de ces enfants devraient les encourager à établir un équilibre réaliste entre leurs aspirations, leurs talents et les buts qu'ils désirent atteindre. Il ne faut pas leur donner un point de vue d'ensemble tendant trop à l'optimisme. ◀

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First sign?

**Don't save Selsun
for difficult cases.
Use it to avoid them.**

Why save best for last when you can count on Selsun effectiveness? As for safety, Selsun has shown itself impressively free of serious side effects.

Selsun*

(Selenium sulfide detergent suspension, U.S.P.)

Indications: For treatment of common dandruff and mild to moderately severe seborrheic dermatitis of the scalp.

Precautions and side effects: Keep out of the eyes; burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur.

**Abbott Laboratories, Limited,
Montreal, Quebec**





Childhood Enuresis

Tofrānil[®] 25mg Geigy
more
than an antidepressant

Effectiveness in about 3 out of 4 cases confirmed through placebo controlled studies.

Rapid onset of action usually evident during the first days therapy.

Convenient dosage Age: 5-9 years 25 mg H.S. 10 years and over 50 mg H.S.

Well tolerated even through months of continuous administration.